

W1 IL417L 1995
NO. 1
SEQ: SR0063601
C.D.1
TI: ILLINOIS MEDICINE 01/24/95

working
for
you

PAGE 5

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • JANUARY 13 1995



The dual-
degreed
physician

PAGE 8



Wm. Daniels/The Photo Partners

FRIENDS and relatives of rehabilitation patients celebrate the holidays during a December party held at Copley Memorial Hospital in Aurora.

Any willing provider laws vary nationwide

INSURERS: Physicians have different degrees of protection. BY KATHLEEN FURORE

[CHICAGO] With managed care activity gaining momentum across the United States,

MANAGED CARE

more attention is being focused on "any willing provider" laws, legislation that addresses physician inclusion or exclusion from insurance plans. However, these laws vary significantly.

In Illinois, for example, an any willing provider statute is contained in the state's insurance code and dates back to the 1960s. Specifically, the statute requires traditional indemnity insurance plans to allow any qualified physicians to treat its insureds, said ISMS General Counsel Saul Morse. But the Illinois law doesn't cover HMOs or PPOs, meaning that

(Continued on page 11)

OIG targets lab business practices

FRAUD: The federal government is reinforcing its efforts to eliminate abuses in Medicaid and Medicare. BY KATHLEEN FURORE

[WASHINGTON] Physicians' arrangements with clinical laboratories are the focus of a fraud alert recently issued by the U.S. Department of Health and Human Services' Office of Inspector General. In conjunction with an ongoing crackdown on Medicare and Medicaid fraud and abuse, the OIG identified potential situations that could violate the Medicare and Medicaid Anti-Kickback

Statute. The law is part of the Omnibus Budget Reconciliation Act of 1989, which took effect in January 1992, said Michael Ile, an attorney in the AMA's health law division.

"We support the idea of such alerts because we have a legal climate in which there are broadly worded statutes and very narrow safe harbors," Ile explained. "This kind of alert

(Continued on page 10)

INSIDE

IDPH ordered to release cancer registry information



PAGE 3

DEPARTMENTS

News Briefs.....2

Commentary.....4

ISMIE Update7

Classifieds13

IDPA revises Medicaid reform plan timetable

IMPLEMENTATION: Recipients will have more time to choose a provider. BY KATHLEEN FURORE

[CHICAGO] Responding to concerns raised by the U.S. Health Care Financing Administration in November, the Illinois Department of Public Aid revised its proposed time line for implementing MediPlan Plus, the Medicaid reform program. The timetable changes are included in a Dec. 20 IDPA document addressing 150 questions HCFA said must be answered before the program receives federal approval. Many of the explanations also deal with ISMS' concerns about the plan, said John Schneider, MD, an ISMS Third District trustee and chairman of the Society's Third Party Payment Processes Committee.

"We need [the extra] time to educate patients and physicians," Dr. Schneider said. ISMS favors a longer enrollment period for Medicaid recipients because it would help ensure patient choice and continuity of care, he noted.

In its response to HCFA, the department proposed a five-month enrollment process, which would be repeated until all eligible clients were enrolled, said A. George Hovanec, administrator of IDPA's division of medical programs. If HCFA gives IDPA the go-ahead, that process would begin May 1.

The expanded enrollment period would replace the mass enrollment originally proposed by IDPA, which was questioned by HCFA because it allowed recipients only 20 days to choose a primary care provider. Such a short choice period could have caused up to 70 percent of Medicaid recipients to default into managed care plans.

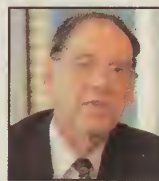
"Our concern was that the original plan would have defaulted patients into managed care plans they didn't want to

(Continued on page 15)

HCFA releases final rules for 1995 Medicare RBRVS fee schedule

GPCIs: Increases in conversion factors help offset cuts in the geographic practice cost indices for Illinois physicians. BY KATHLEEN FURORE

[CHICAGO] Reimbursement rates for many of the services delivered by Illinois physicians who treat Medicare patients will rise in 1995 because of increases in the conversion factors used to determine payment under the RBRVS fee schedule, said John Schneider, MD, chairman of the ISMS Third Party Payment Processes Committee and a



Dr. Schneider

Third District trustee. The higher conversion factors helped offset the cuts to the geographic practice cost indices for Illinois that were announced by the Health Care Financing Administration in the draft RBRVS rules released in June 1994, Dr. Schneider said. The final rules published in the Federal Register in December left those GPCI cuts intact, he noted.

GPCIs, which reflect expenses related to

(Continued on page 12)

0103 IM
NATIONAL LIB OF MED
IS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA

MD 20014

Council develops programs on medical education

One of the major accomplishments of the ISMS Council on Education and Manpower in 1994 was the 7th annual seminar for residency program directors, which featured a presentation on licensure, said council chairman Joan Cummings, MD. The 17-member council studies and evaluates all aspects of medical education. It also communicates with medical school deans and the directors of residency training programs and medical education to provide practicing physicians' perspectives on medical issues. In turn, the council obtains their input on issues related to medical school and graduate medical education.

The council annually asks medical schools in the state for statistics on medical students who choose primary care residencies, Dr. Cummings said. In addition, it monitors resident work hours, analyzes bills on such topics as licensure of acupuncturists and compiles statistics on Match results and the licensure process. Other activities include offering the Illinois Department of Professional Regulation advice on physician licensure and discipline, and overseeing ISMS' Committee on CME Activities.

The Council on Education and Manpower is one of 25 ISMS councils and committees that provide members an opportunity to become active in state-level organized medicine. Participation allows physicians to express their views on topics affecting medicine and help direct ISMS actions.

Serving on the council for two years has enabled David Morse, MD, a cardiologist at Carle Clinic in Urbana, to provide input into the content of the 1994 residency directors seminar. "I polled the administrative staff of our residency program regarding their needs and concerns and passed that information along to council members who planned the seminar."

One common concern was that residents often face delays in obtaining an Illinois medical license, he explained. "When a resident comes here with no license, and it's only a matter of [missing] paperwork, it can create chaos." In response, the council planned a discussion with members of the state Medical Licensing Board regarding residents' temporary licensing.

"The residency program directors seminar was very important because there is a great deal of concern about residents not being able to get temporary licenses in a timely fashion, particularly as we see more and more residents graduate from international schools," said Dean Bordeaux, MD, a council member and retired Peoria family practitioner. "The council really opened the lines of communication between IDPR and residency program directors in Illinois, to facilitate [the licensing] process. There was feedback not only to the department but also to the directors and their staffs on how to complete the applications so they're processed more effectively."

Another council project was developing ISMS' Principles on Training and Retention of Primary Care Physicians in

working
for
you

Illinois, said Satya Ahuja, MD, a Chicago nephrologist and council member. Compiled by a council subcommittee, the recommendations addressed ways to promote primary care medicine to medical

students and encourage them to practice in Illinois. "We looked at the problems [primary care doctors] face and at how to give incentives to students to go into primary practice and stay in the state, especially in underserved areas." The report was used to help develop ISMS' input to the Special Joint Task Force on Family Physician Shortages, which was established by the General Assembly.

An ISMS delegate, Dr. Morse said his involvement in council activities stems from his strong support of organized medicine. "Doctors need an organization to represent them, and ISMS is the best arm to do that. Participation in the council and in organized medicine is very worthwhile. I think it is something other physicians should consider."

Dr. Bordeaux is a former ISMS delegate and a past chairman of ISMS' Committee on CME Accreditation and Committee on CME Activities. He said his participation has been rewarding. "The Peoria County Medical Society is a melting pot for practicing physicians. It gives them a common ground, regardless of their [hospital] affiliations. The state [society] is the next echelon of that. It brings the counties together for a common cause."

Watch for future stories highlighting other ISMS councils and committees.

JAMES CLANAHAN, MD (left), of Belleville, presents the Illinois Press Association's Medical Writing Award to Roger Schlueter in recognition of his three-part series on AIDS published in the Belleville News-Democrat. The annual award is sponsored by ISMS.



Maureen Houston

Northwestern network expands to Joliet

[CHICAGO] Silver Cross Hospital in Joliet is the newest member of Chicago-based Northwestern Healthcare Network. The hospital is a not-for-profit, nondenominational health care facility. It operates seven satellite locations in the Joliet area.

"We are extremely pleased to be joining the Northwestern Healthcare Network," said Rabbi Morris Hershman, chairman of Silver Cross' board of trustees. "This affiliation will strengthen Silver Cross Hospital's already strong position at a time when managed care and other market forces are making increasingly greater demands on independent hospitals."

Silver Cross is the ninth Chicago-area hospital to join the network, which was founded in fall 1993 by Northwestern Memorial Hospital, Children's Memorial Medical Center, Evanston and Glenbrook Hospitals and Highland Park Hospital, according to a network spokesperson. During the past year alone, Ingalls Health System in Harvey, Northwest Community Hospital in Arlington Heights and Swedish

Covenant Hospital in Chicago entered the Northwestern network. Currently, the network has more than 4,000 physicians, operates 3,208 beds and admits more than 135,000 patients annually. Northwestern University Medical School is also affiliated with the system, the spokesperson said.

"Silver Cross is an outstanding community health care provider serving Will County, one of the fastest growing areas in the region," said Bruce Spivey, MD, network president and chief executive officer. "Its hospital and medical staff give our rapidly growing network a strong provider in the southern Chicago area."

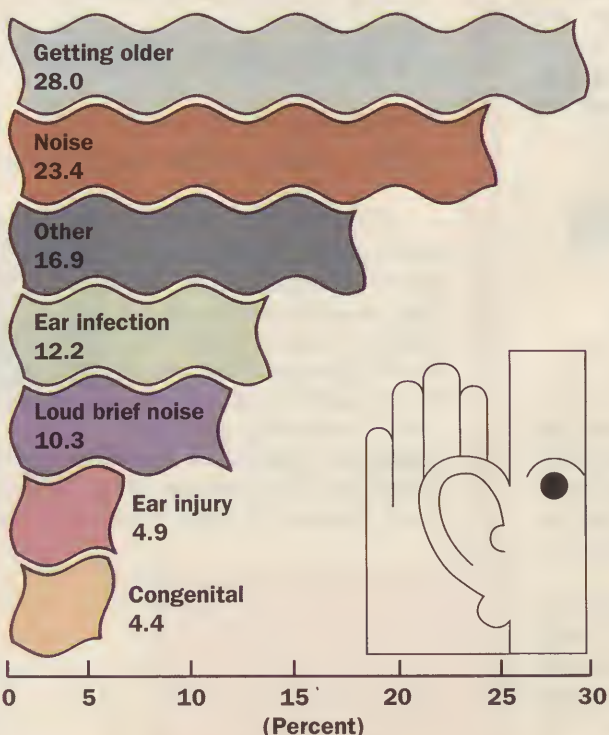
Network officials expect to add more health care providers in the southern Chicagoland area and its growing suburbs, Dr. Spivey said. One of the network's primary goals is linking strong, community-based health care institutions and physicians into a delivery system that provides comprehensive health care services to the entire Chicago region, the spokesperson said.

In related news regarding hospital networks, the boards of directors of EHS Health Care in Oak Brook and South Suburban Hospital in Hazel Crest have approved an affiliation agreement that will unite the two institutions, pending approval by the Federal Trade Commission. "The affiliation gives us an expanded managed care delivery capability as well as access to services that will enhance quality and reduce the overall costs of health care for our service area," said Robert Rutkowski, South Suburban's president and chief executive officer.

Chicago's Ravenswood Hospital Medical Center also joined the EHS network in 1994. The health care system will serve more than 850,000 patients a year at 104 care sites, according to an EHS spokesperson. The University of Illinois at Chicago Health Sciences Center is also affiliated with EHS. In addition, the FTC recently approved the merger of EHS with Park Ridge-based Lutheran General HealthSystem.

PHYSICIAN FACTS

Leading causes of hearing loss (Percent of individuals 3 and older)



Source: National Center for Health Statistics, 1991

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

IDPH ordered to release cancer registry information

DISCLOSURE: Court rules that confidentiality will not be compromised. BY KATHLEEN FURORE

[SPRINGFIELD] In a move the Illinois Department of Public Health said sets a dangerous precedent, the state Supreme Court in October refused to hear a case involving the disclosure of confidential patient information retained by IDPH under the state's Cancer Registry Act. By declining to hear the case, the high court let stand trial and appellate court rulings directing IDPH to release cancer patient data to plaintiffs who are suing the Central Illinois Public Service Co., said IDPH spokesperson Tom Schafer.

The plaintiffs in May vs. CIPS requested the registry data from IDPH. They alleged that they or their young relatives contracted neuroblastoma, a rare childhood cancer, from environmental exposure to coal tar pollution released from a former coal gasification site in Taylorville that is owned by CIPS, Schafer explained. "[IDPH was] involved because we refused to give up the confidential information, and we thought it was serious enough to take to the Supreme Court. The issue was not necessarily just the Taylorville case, but the issue of trust and precedence."

The trial court ordered IDPH to release detailed questionnaires that were completed by family members of the Taylorville cancer patients as part of the department's investigation of the cancer cluster. IDPH was also told to release the type of cancer, date of diagnosis and ZIP code of all cancer victims listed in Illinois' cancer registry, Schafer noted. The completed questionnaires and specific cancer registry data would not reveal the identity of cancer victims or tend to lead to their identity, according to the court's ruling. The appellate court upheld that opinion, and IDPH appealed to the Illinois Supreme Court.

The department was concerned that if the data were released, patients could be identifiable, their medical information could reach unauthorized third parties like insurance companies and the integrity of the registry could be compromised, Schafer said.

"For registry data to be of value for statistical and research purposes, the data recorded must be as complete, accurate and reliable as circumstances permit," said Holly Howe, chief of IDPH's epidemiologic studies division, in an affidavit filed in the case. "These standards of high quality can be achieved only when the public and the physicians and institutions treating cancer patients are confident that the data required to be reported are necessary for the objectives of registration and research and that confidential data will be adequately safeguarded." Releasing such information would set a precedent that ultimately could be used to secure data from other similar sources, such as the state's AIDS registry, Schafer added.

"We fought this because we're serious about the issue of trust and confidentiality," said IDPH Director John Lumpkin, MD. "If the state can't protect information physicians provide about their patients, we're afraid they'll stop turning it over. And if they don't give us the information, we won't be able to accomplish the goals of the cancer registry."

Specifically, IDPH argued that the requested documents and data were

privileged under the Illinois Health and Hazardous Substances Registry Act and the Illinois Medical Studies Act. Releasing the information would violate those statutes, the department contended. For example, the Health and Hazardous Substances Registry Act "prohibits the department from disclosing any group of facts that identifies or tends to identify any cancer victim whose condition or treatment was submitted to the cancer

registry," according to a summary of IDPH's argument. In addition, the Medical Studies Act "prohibits the discovery of interviews, data or other information used in the course of medical study for the purpose of reducing morbidity or mortality or for improving patient care," the summary said.

ISMS filed an amicus brief in support of IDPH's position. "The trial court erred in requiring the director of the Illinois

Department of Public Health to disclose raw data concerning cancer patients by type, date and ZIP code and the questionnaires specifically composed, compiled and generated for use in the epidemiologic study of neuroblastoma cases in Illinois," the Society brief said. The amicus brief also reiterated IDPH's contention that disclosure would be contrary to the provisions of the Health and Hazardous Substances Registry and Medical Studies acts.

"For our purposes, it's over. We've turned over all the information as ordered by the court," Schafer said, adding that the data IDPH released did not include patients' names, addresses or other potential identifiers. ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B SELECTED CHANGES FOR 1995

Physician Fee Schedule

- 12.2 percent increase for surgical services
- 7.9 percent increase for primary care services
- 5.2 percent increase for other non-surgical services (including anesthesia)

Antigen Services

- paid under physician fee schedule rather than reasonable charge system

Physician Care Plan Oversight Services

- separate payment for care plan oversight services of home health and hospice patients
- payment limited to one patient per physician if 30 or more minutes of service provided per month

End Stage Renal Disease (ESRD)

- elimination of payment for both hospital inpatient dialysis and an evaluation and management service on the same day
- monthly capitation fee for all outpatient ESRD-related physician services placed under physician fee schedule

Limiting Charges

- Medicare law changed to clarify that **no person** is liable for payment of any amounts billed in excess of limiting charges
- change also authorizes the Health Care Financing Administration to impose civil money penalties and/or exclusion from the Medicare program for infractions

Mandatory Assignment for Non-Participating Practitioners

- mandatory assignment now applies to all covered services furnished by:

physicians assistants
nurse practitioners
clinical nurse specialists
certified registered nurse anesthetists

certified nurse midwives
clinical social workers
clinical psychologists

Illinois Medicine

VOLUME 7, NUMBER 1

JANUARY 13, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Alfred J. Clementi, MD	David B. Littman, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Harold L. Jensen, MD	Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 PRODUCTION/DESIGN MANAGER, Carla Nolan;
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Try a little tenderness

You can catch more flies with honey than vinegar, the saying goes. Vinegar may not entice flies, but a vinegary bedside manner may attract malpractice lawsuits. Physicians are more likely to be sued if their patients feel the doctors have been rude, rushed office visits or failed to answer questions, according to ISMIE's ongoing risk management advice and studies published in JAMA in late November.

In one study of obstetric cases, patients were asked how long they waited before seeing the doctor, how much time the doctor spent with them, whether the doctor treated them respectfully and whether the doctor listened to them. The physicians who had been sued the most received the lowest ratings on almost all the questions. But physicians who had never been sued were most likely to be perceived by their patients as concerned, accessible and communicative.

The second study looked at obstetricians' history of malpractice claims and the quality of clinical care the doctors provided 5 to 10 years after those claims. Interestingly, the study showed no difference between the clinical care provided by doctors who had been sued and those who had not.

A possible explanation was proposed by one of the authors of the study, who said that even though physicians may not make technical mistakes, they can still provoke a malpractice claim

through misunderstanding and anger.

Other studies have found similar results. A 1993 survey by the Texas Medical Association revealed that of 263 patient families that collected malpractice damage awards or settlements, more than half were so distressed by the physician's attitude that they wanted to sue before the alleged malpractice occurred.

For years, ISMIE has tracked the reasons plaintiffs file malpractice suits. Two causes on the list are a personality conflict between the physician and the patient and the patient's feeling that access to the physician was restricted or that vital information was withheld.

A recent guest editorial in Illinois Medicine was written by a physician who said he believes he has never been sued primarily because he treats his patients like friends.

The advice to communicate with patients and maintain a pleasant bedside manner may sound simplistic, but it can make a difference. Of course, a strong physician-patient relationship doesn't preclude the possibility of a claim or a lawsuit. No amount of kindness will necessarily eliminate bad outcomes or excessive awards. That's one reason a cap on noneconomic damages is critical.

Maybe physicians can't control some of the problems and outcomes in medicine. But isn't it fortunate that relationships with patients can always be improved?

PRESIDENT'S LETTER

With heart and soul

Alan M. Roman, MD



Our unique blend of art and science enables us to serve others rather than seek financial rewards.

You've got the weekend off, perhaps three days if you're lucky. Time with your significant other hasn't been that significant. Most weeks you put your 40 hours in before lunchtime on Wednesday. That great career and lifestyle have somehow remained just over the horizon. In so many ways, we live like everyone else.

But in other ways, we're different. Consider some simple arithmetic. Take one dedicated man or woman, add a medical career, add a spouse and children, and perhaps a promotion. Now, add pressure, frustration and change and subtract time. There are no time-outs. No excuses. We are expected to – and do – deliver a level of excellence seldom matched by other professions. Concerned about the present but keeping an eye on the future, we go flat out.

Doctors work long hours, time spent understanding patients and addressing their concerns. We respond to endless patient problems, many of which are beyond our control. Many physicians carry the workloads of three or four people.

In the average American household, dinner lasts about 30 minutes. In many doctors' families, it is less than 15. Doctors skip family events and work long days that are tired extensions of sleepless nights. Many physicians are exhausted, transient boarders who rarely arrive home during daylight. What little sleep there is, is often interrupted by nighttime calls from nursing units or trips to the emergency room. We have a strong impulse to work too hard.

Scarce time and accelerating change confront most physicians. Doctors in Illinois are concerned about loss of control and decision-making authority, as well as increased competition. The pace of change is breakneck in a society where, according to the U.S. Department of Labor, three out of every four workers will need retraining by the year 2000, and in the next century, the average U.S. worker will change jobs six times and professions three.

Professionalism goes beyond being good physicians. It is reflected by caring physicians who always function as advocates for our patients, especially for the poor and vulnerable. Our unique blend of art and science enables us to serve others rather than seek financial rewards.

Caring for patients is our highest priority. Public esteem and trust are the greatest rewards of practice and differentiate medicine from other occupations. Certainly, society can learn lessons from the efforts of its physicians. Lessons on serving others regardless of their ability to pay and on treating people equally. Lessons of working nights and weekends with the only reward being improving the lot of others, while your family waits for you at home. How often I see colleagues take extra time with patients who desperately need it.

At ISMS, we not only talk the talk, we walk the walk. Our beliefs are supported by thoughts, feelings and action. We give our time, our energy and our expertise, believing that the more we understand, the more we can do. At your Society, it's not a matter of how far we've come, but how far we're going to go.

In so many ways, we doctors do live like everyone else. We work. We make mortgage payments, and we struggle over concerns related to children, in-laws and even money. There is so little time, so much to achieve, and we, too, get tired.

However, physicians have another dimension. They are the true heart and soul of our health care system. The art of communication is not what you hear being said from people, but what you can feel from their hearts and see in their eyes. A heart without charity is the worst heart trouble of all.

Physicians' kindness, honesty and gentleness let others know we care. Our patients continue to receive the best possible care when they demand nothing less than the true power of our ability. You know what counts is not always what is in our heads but what is in our hearts. You know that. I know that. Our patients know that.

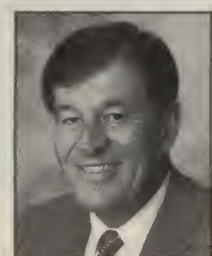
1994 HIGHLIGHTS

working
for
you

Legislative achievements

ISMS supported an economic credentialing bill that passed the General Assembly, becoming

the first such state law in the country. The measure provides due process protections for hospital medical staff members. So if your medical staff privileges are threatened for



Madigan



Granberg

economic reasons, you are now ensured a fair hearing and other due process provisions. The bill's sponsors were Sen. Robert Madigan (R-Lincoln) and Rep. Kurt Granberg (D-Carlyle).

New state legislation, backed by ISMS, allows for the creation of medical savings accounts to help patients make funding decisions about their health care.

Another bill endorsed by ISMS and passed by the General Assembly requires health care providers to use uniform insurance claim and billing forms, as part of an incremental approach to insurance reform.

The Society successfully opposed attempts to set term limits of four consecutive years for members of the Medical Disciplinary Board. The measure also required a two-year wait before reappointments.

A bill supported by ISMS and passed by the General Assembly mandates that court-ordered awards to crime victims include payment to providers of products or services, such as health care providers.

1994 election

The attainment of a medical majority in Springfield combines control in the General Assembly with a friend in the governor's office for the first time in 24 years. With IMPAC, ISMS worked tirelessly to ensure that your needs and those of your patients would be well met. The Society continued its positive working relationship with the governor. ISMS President Alan M. Roman, MD, attended the signing of a bill aimed at osteoporosis prevention.



Amy Rothblatt

ISMIE Physician-First Service

As part of its ongoing commitment to place policy-holders first, ISMIE continued its risk management seminars in 1994. Programs covered loss-prevention strategies for physicians, management of malpractice suits and risk reduction for office staff. A timely new seminar, "Risk Management Issues in Managed Care," focused on liability related to managed care. One of the speakers was Dr. Clementi Alfred J. Clementi, MD, chairman of the ISMIS Board of Directors.




Matt Ferguson

First person

Making friends and getting involved

By James Milam, MD

 Fresh out of my residency, I opened a solo Ob/Gyn practice in Vernon Hills in January 1991. I didn't know much about organized medicine then, other than that a large group of physicians from ISMS went to Springfield in 1985 to lobby for tort reform. But I decided to join organized medicine to socialize with other physicians and make local contacts in the medical community.

In 1993, I was elected to serve as an alternate delegate from Lake County to the ISMS House of Delegates. Then in 1994, I moved up to full delegate. As a delegate, I can bring the local concerns of physicians to the attention of the state House of Delegates. The state society represents all 18,000 physician members, but the Lake County Medical Society numbers only about 600 members. So sometimes a local issue may not have statewide appeal. But the process does work. I see firsthand through the business conducted at meetings that the interests of local physicians are always considered. And even if issues affecting other areas of the state have

not widely affected our area yet, state-level discussions and actions yield good information we can take back to the physicians in our community.

That information exchange benefits physicians year-round. For example, many physicians here in Lake County are just beginning to feel the effects of managed care. It has been useful for us to see how those issues are being dealt with in areas experiencing greater managed care activity.

Illinois physicians have also gained protections through ISMS advocacy. Although economic credentialing has not been a problem in Lake County, we learned about the practice when ISMS sought codification of due process provisions for physicians' hospital medical staff privileges. Now we're on guard, and we know that we have legal protections regarding economic credentialing. Recently, our hospital medical staff changed its bylaws to incorporate those protections.

The success of ISMS programs and activities depends on the participation of individual members. IMPAC, the Society's political action committee, is a perfect example. It works at the state

level because doctors at the local level make personal contacts with legislators and conduct phone-a-thons to raise funds for physician-friendly candidates. Through IMPAC, I have met many elected officials in the area and provided input about physicians' concerns on legislative issues in Illinois. I'm now on a first-name basis with the legislator who represents the district

that includes the hospital where I practice, Condell Medical Center.

I've heard people liken organized medicine to insurance: You don't want to think about it until you need it, and then

you really want its support. Physicians are often pulled in several directions — from their practice, family and civic and religious organizations, all competing for time. But we can't afford to say we don't have time for organized medicine. As I say to myself, If I don't do it, who will?

After four years in organized medicine, I can honestly say that I've realized the original purpose for which I joined: I've made some very good friends. And I've derived personal satisfaction from getting involved.



Dr. Milam

Chip Zellet

1 9 9 4 HIGHLIGHTS

Health system reform

ISMS worked hard on your behalf to keep a patient advocacy focus and to enable members to thrive in the emerging managed care marketplace. Member briefings were held statewide to inform you about the bills before Congress.

Through the Washington Presence program, ISMS leadership and grass-roots physicians met with key Illinois legislators in the nation's capital. ISMS Third District trustee Janis Orłowski, MD (left), and Neil Winston, MD, are shown below talking to U.S. Sen. Carol Moseley Braun (D-Chicago). The Society represented you and your patients well in the national health care reform debate.



Linda Bartlett

Patient advocacy and education

ISMS focused on public health issues in 1994. To promote ISMS' Teen AIDS and STD Awareness Program, Chris Zorich of the Chicago Bears and former Chicago Bull John Paxson recorded public service announcements.

Included in the program is the brochure "Straight Talk to Teens About: Sex, AIDS and Disease," to be used in physicians' offices and schools. Call (800) 782-ISMS or (312) 782-1654 for free copies for your office.



M. Candee Studios

Zorich



ISMS referral networks

Helping ISMS members through the maze of changes in the medical marketplace was paramount in 1994. The Society introduced the Lawyer Referral Network to put you in touch with the legal expertise you need. The foundation was also laid for a consultant referral network, which will be available in 1995. For help, just call (800) MD-ASIST.

Tort reform progress

The 1994 general election victories provide the most favorable environment in years for achieving caps on noneconomic damages in Illinois in 1995. The Society will continue this battle, and with your continued support, we can mount a strong offense!

A lot of satisfied patients and one disgruntled trout.

Ranked in 1990 by Inc. 500 as one of the nation's fastest growing privately held companies, JSA continues to advance as a leader in managed care. And our exceptional patient satisfaction ratings speak for themselves. If you're a practicing physician specializing in internal medicine, family practice, or pediatrics, you're positioned to share in our success.

What do you get
when you cross
a physician with
JSA Healthcare
Corporation?



Primary care is the heartbeat of JSA. With our new Waukegan office scheduled to open in early spring, you can choose between opportunities in the northern Chicago suburbs or our existing Kenosha, Wisconsin site. Both locations feature our concept of a "one-stop" Family Health Center which puts all ancillary services on-site including laboratory, radiology, mammography, and pharmacy. JSA manages the practice, so you can spend your time where it's needed — with the patient.

If you're board certified or board prepared, with either Illinois or Wisconsin licensure, you'll find JSA a worthy partner. Our compensation and benefits package includes an impressive profit sharing plan, uniquely designed to put physicians who care back in business. For more information, call Susan A. Bray, Director, Professional Recruitment, JSA Healthcare Corporation, 5565 Sterrett Place, Suite 200, Columbia, MD 21044. Phone (800) 966-2811; Fax (410) 964-0598.

EOE.

JSA HEALTHCARE CORPORATION
PARTNERS IN GREAT MEDICINE

ISMIE seminars
provided risk
management
information to
policyholders
in 1994

PAGE 5

ISMIE Update

Try a little
tenderness
to avoid
lawsuits

PAGE 4

Case in Point

Treating patients within the constraints of managed care

BY RICK PASZKIET

A physician's first priority is to provide the best possible patient care. But managed care plans sometimes have a different priority – namely, cutting costs. As the following case demonstrates, patient care must never be compromised in favor of cost containment.

The case in brief: An HMO gatekeeper internist referred a 30-year-old patient who was in the fourth month of a pregnancy to an Ob/Gyn in the HMO for prenatal treatment and delivery. The patient had a 15-year history of insulin-controlled diabetes mellitus.

During her pregnancy, the patient continued to see the internist for monitoring of her diabetes. At each visit, the patient was found to have high sugar levels and to be insulin-dependent.

When the patient showed signs

of ketoacidosis, the internist increased the insulin dosage and urged her to observe strict dietary precautions. However, the internist failed to document the conversation in which he outlined the dietary instructions and restrictions. In addition, he made no notations in her medical records regarding any adjustment of her insulin dosage.

During the patient's eighth month of pregnancy, she saw the internist several times. Her blood sugar levels were abnormal on all visits. Although the internist wanted to refer the patient to an endocrinologist or an Ob/Gyn specializing in high-risk pregnancies, no referral was made because of the economic constraints of the managed care plan.

At her last visit to the internist, the patient complained of severe abdominal pain. He immediately referred her to the Ob/Gyn. The woman delivered a stillborn infant later that day.

Subsequently, the patient sued the internist for failing to refer her to a specialist for her diabetes. The case was settled in favor of the plaintiff.

The points this case makes:

This case demonstrates not only the importance of documentation but also the problems that can result when patient care is compromised by managed care plans in the name of cost containment. A physician's contract with a managed care plan never supersedes his or her duty to a patient, said Kevin Glenn, senior partner with the Chicago law firm Bresler, Harvick and Glenn Ltd.

"Because the internist in this situation was faced with a high-risk pregnancy, he or she had no choice but to refer the patient to a specialist in fetal-maternal medicine," said Glenn. "Although the managed care plan's guidelines may have recommended another course of treatment, the internist, acting in the patient's best interests, should have appealed the plan's decision."

A managed care plan's guidelines are based on broad experience and, in many cases, simply may not apply to an individual patient's condition, Glenn explained. The gatekeeper is responsible for appealing decisions in such cases to ensure the

patient's health is not jeopardized, he noted.

"Keep in mind that the physician has to always be a friendly advocate for the patient's interests," added Glenn. "In a managed care plan, doctors have to walk a narrow line because they may need the HMO to fund their practice. However, if the managed care plan opposes a doctor's treatment, such as referring a patient to a specialist, the physician should do what is right for the patient, not the HMO."

Another issue this case raises is at what point a physician should refer patients to a specialist. "At the outset, the internist should have referred the patient to an endocrinologist, especially since the patient was high risk," said Wesley Gregor, MD, a Chicago internist. "This situation required an almost compulsive dedication on the part of the gatekeeper internist, the Ob/Gyn and an endocrinologist, because of the mortality and morbidity associated with this form of diabetes."

Since all the warning signs existed, the physician should have made a referral, regardless of the managed care plan's guidelines, Dr. Gregor said. "This was a judgment call on the part of the physician, and he should have pursued his recommended course of treatment [by referring to a specialist]."

The lack of adequate documentation was also a factor.

Good record keeping is always a necessity, but it is even more important in cases involving a physician whose advice may conflict with the treatment or referral guidelines of a managed care plan. "The vast majority of HMOs are not going to question a physician's decision to send a patient to a specialist," said Scott Cooper, MD, an emergency room physician at St. Francis Hospital in Blue Island. "But no matter what the situation entails, a physician has to keep accurate, detailed documents."

Poor documentation is the legal downfall of many medical practitioners, Dr. Cooper added. "Notes that are handwritten, illegible and too brief are unacceptable today, when it comes to record keeping. In this case, the internist did sloppy documentation. A strict account of the sugar levels should have been made."

Given the constraints posed by the HMO, the wisest course for the gatekeeper internist would have been to send everyone concerned – the patient, Ob/Gyn and HMO personnel – a certified letter that documented the physician's prescribed treatment, Glenn said. "Even if the patient decided not to see the specialist, at least the physician would have given himself some form of protection." ■

"Case in Point" is a regular feature using hypothetical case histories to illustrate loss-prevention maxims.



MALPRACTICE ROUNDUP

Hospital negligent for HIV-tainted transfusion

An Ohio woman who contracted the AIDS virus from a blood transfusion during elective back surgery in 1985 will receive an undisclosed sum from the Columbus hospital in which the transfusion was given, according to a summary of *Jeanne vs. the Hawkes Hospital of Mt. Carmel*, reported in the *National Law Journal*. Before the surgery, the patient had donated her own blood in case she needed a transfusion. But when a second unit of blood was necessary, she was given blood that proved to be tainted with HIV. The patient tested positive for the AIDS virus 15 months after surgery. Subsequently, she sued the hospital for negligence and for administering an unauthorized transfusion, the article said.

A jury initially awarded \$12 million to the patient, who remains healthy. The trial court judge reduced the award to \$8.15 million, a decision that was upheld by the Ohio Court of Appeals. The hospital appealed to the Ohio Supreme Court because the \$8.15-million award exceeded the state's cap on noneconomic damages in medical malpractice cases. Prior to the Supreme Court hearing, however, the cap was declared unconstitutional in an unrelated case. The hospital ultimately settled for an undisclosed sum, according to the article. ■

Court says relative's consent OK

A New York appeals court recently ruled that obtaining informed consent from a patient's relative was a complete defense to the plaintiffs' claim of lack of informed consent, according to a summary of *Tibodeau vs. Keeley* in *Malpractice Law & Strategy*. During the trial, the defendant physician said he told the patient that he needed surgery to clamp an aneurysm. The doctor said he informed a relative of the patient about possible surgical risks and options because he feared the information would have adversely and substantially affected the patient. The trial court ruled in favor of the physician, and the plaintiffs appealed.

The appeals court affirmed the lower court's ruling. The court said the plaintiffs "had failed to rebut the defendant doctor's testimony with evidence that the patient's condition was less serious than the doctor had indicated in his testimony." The appeals court also found that the plaintiffs had failed to prove the physician could have told the patient about some of the surgery's risks and alternatives in spite of his condition. In addition, the plaintiffs hadn't shown "that a reasonable person in the patient's position would have decided against undergoing the procedure," even if the physician had described the risks and options, the court said. ■

E D U C A T I O N

The dual-degreed physician

More doctors are rounding out their credentials with advanced business training.

BY RICK PASZKIET

A master's degree in business administration, often touted as a prerequisite to the executive suite, is now being pursued by a seemingly unlikely group of professionals — physicians. In today's marketplace, an MBA is deemed essential for physicians who aspire to executive management positions in hospitals and health-related companies. But it is also becoming a more popular tool to help doctors manage the complexities of running a modern practice.

The dual-degreed physician is no longer a novelty. Nearly 10 percent of physicians in management positions have MBAs, while 38 percent of all such physicians are working on an MBA or planning to enter an MBA program, according to a recent survey conducted by Witt/Kieffer, Ford, Hadelman & Lloyd, an Oak Brook executive recruiting firm.

At the University of Chicago Graduate School of Business, about 5 percent of the students pursuing MBAs are physicians, said Don Martin, director of admissions and financial aid. "Although the percentage may seem small, this is a vast increase from about 10 years ago, and every year the numbers increase."

"Twenty years ago, no physicians had their MBAs," said John Lloyd, vice chairman of Witt/Kieffer. "But the MBA and other similar management degrees present an opportunity for physicians to enter into senior management."

"Physicians who want to become CEOs realize the necessity of possessing a firm grasp of business issues, from financial management to marketing and sales," he continued. "The MBA and health services administrative degrees give them the extra knowledge and skills required of upper management positions."

In fact, many physicians have found that the MBA is a successful — and sometimes expedient — way to gain impressive business credentials. "Two months after receiving my MBA, I was promoted," said Clair

Callan, MD, vice president for medicine and regulatory affairs for Abbott Laboratories and chairman of ISMS' Medical Legal Council. "In my case, I think that my MBA increased my stature in the organization and showed that I was more than just an MD. Suddenly, I was perceived in a different manner."

Along with the MBA, the master of health administration degree has become the preferred credential of senior managers in hospitals. "Once I committed to being a manager on a full-time basis, I felt that I needed the range of knowledge associated with an MHA," said Bob Klint, MD, CEO of SwedishAmerican Health Systems in Rockford. "The MHA gives the physician executive a good background in medical staffing, quality assurance, risk management and medical planning."

An MBA exposes a physician to the business side of medicine, Dr. Callan noted. "The doctor who has an understanding of the business environment has a competitive edge over the doctor who understands only the clinical side. The MBA gives the physician more credibility and therefore more options."

The MBA's appeal, though, goes far beyond the physician who is solely interested in an executive management or administrative position. For example, the Witt/Kieffer survey showed that many doctors are enrolling in MBA programs to cope with the increasing business demands in their practices.

"My motivation for getting an MBA was personal enrichment," said Bipin Bhayani, MD, a Kankakee urologist. "With the encroachment of business and institutional providers into the medical arena, I thought that I needed a stronger command of business-related issues. Quite simply, I saw the MBA as a way to enhance my practice, increase productivity and improve the quality of health care to my patients."

Dr. Bhayani earned his MBA from Olivet Nazarene University in Kankakee. Designed for working managers, this two-year MBA program covers such sub-

jects as financial management, human resources, accounting, business ethics and marketing. "From a practical standpoint, this program taught me how to operate a computer, use a spreadsheet program and learn some basic accounting principles. More importantly, it showed me how to use an analytical approach when it comes to addressing the issues that affect the business side of my practice."

Dr. Bhayani said he applies the lessons he learned in graduate business school to his own practice. "I've seen the results of my dual degree. My practice is operating more smoothly and efficiently because I'm incorporating more business principles into my day-to-day activities."

"The MBA program really opened my eyes. Every course I took helped me at my job," said Dr. Callan. "The computer science instruction alone was invaluable. Now I know the scope of a computer's capabilities and how it can assist me."

Accounting was the most daunting course Dr. Callan completed while pursuing her MBA. "Like many business subjects, it was something that I hadn't really encountered before in much detail. I had never taken any undergraduate courses in business. But what surprised me is that now I understand the fundamentals of accounting and am more adept in this area."

Perhaps one of the biggest deterrents for physicians seeking an advanced degree is the time demands required of a doctor who practices medicine full time. An MBA or MHA program cannot be entered into lightly, because most programs require a minimum of two years.

"In one respect, I was very fortunate, since my practice, home and school are all in a four-mile radius," said Dr. Bhayani. "But even though I wasn't commuting that much, the rigors that go along with running a busy practice and getting an MBA were still there."

In response, many graduate business schools are tailoring their programs to meet the pressures of physicians' schedules. For instance, the University of Michigan has a two-year program whereby physicians spend four days each month in all-day classes in Ann Arbor, while the rest of the course work is done at home.

Other physicians like Dr. Callan never set foot in a classroom. "The MBA degree offered by the University of Phoenix was an on-line program that was specifically designed for executives who couldn't predict when they'd be in class," she explained. "As long as I had access to my laptop computer, I could attend classes without the constraints imposed by physically going to a classroom several times a week."

Most MBA and health administrative programs take into account that their students have only limited time to devote to the program. Dr. Klint pursued his MHA part time at the University of Minnesota, even though he was working full time as a hospital administrator. "The Minnesota program relied heavily on independent studies. This enabled

me to get my MHA while I continued my career at the hospital."

"The demands in pursuing an MBA are strenuous, and yet most professionals can work the program into their schedule," said UIC's Martin. "In a typical year, we have 100 students in our part-time MBA program, which takes about two to five years to complete. Because the part-time program is geared for the busy executive, the classes and course work give the student a bit more flexibility."

For most physicians, an MBA brings more than prestige to a resume. It gives a doctor an entirely new perspective on health care. "Medicine for a while was so fragmented," said Dr. Bhayani. "If a patient wanted an expensive test done, the doctor wouldn't dare say no. Today, physicians have to show some degree of responsibility when it comes to curbing exorbitant medical bills. The MBA program has re-emphasized to me that quality medicine doesn't have to be expensive."

With increasing numbers of doctors seeking MBAs and similar advanced degrees, Dr. Bhayani said physicians will become more successful in discussing costs and other business-related issues with hospital management staff, insurance and pharmaceutical companies and even their own patients.

"There is a vast difference between the clinical and business sides of modern medicine," said Dr. Klint. "The physician with the MBA or MHA background has the advantage of being exposed to both these sides." ■



David Turner

Lab business practices

(Continued from page 1)

gives [physicians] a sense of what the IG is thinking and what prosecutorial decisions might be made."

The anti-kickback statute penalizes anyone who knowingly and willfully solicits, receives, offers or pays in cash or in kind for referrals, purchases, leases or orders for products or services delivered to Medicare or Medicaid patients, the alert said. "Many physicians and other health care providers rely on the services of outside clinical laboratories to which they may refer

high volumes of patient specimens every day," according to the document. "Since the physician, not the patient, generally selects the clinical laboratory, it is essential that the physician's decision regarding where to refer specimens is based only on the best interests of the patient."

The OIG alert listed several possible violations. For example, allowing a lab-employed phlebotomist to perform tasks normally done by a physician's office staff and paying below market prices for tests related to dialysis and end-stage renal disease could be considered violations. Labs cannot provide

free pickup and disposal of biohazardous waste products that are unrelated to the collection of test specimens, and they cannot provide physicians with computers or fax machines unless they are used exclusively for work related to the lab, the alert said. By offering free tests for health care providers, their families and employees, labs are also risking violation of the anti-kickback statute.

The alert also cited violations related to managed care. In particular, waiving charges for tests physicians perform on managed care patients is also possibly fraudulent. "Under the terms of many managed care contracts, a provider receives a bonus or other payment if utilization of ancillary services, such as laboratory testing, is kept below a particular level," the OIG alert explained. "When the laboratory agrees to write off charges for the physician's managed care work, the physician may realize a financial benefit from the managed care plan created by the appearance that utilization of tests has been reduced."

If labs offer their referral sources any valuable products or services that those sources have not purchased at fair market value, the government could infer that the gifts are intended to induce referrals, the alert said. Accepting those offers is also potentially illegal for referral sources, including physicians. The OIG defines fair market value as "value for general commercial purposes" reflecting an "arms-length transaction [that] has not been adjusted to include the additional value [that] one or both of the parties have attributed to the referral of business between them."

Physicians and clinical labs that violate the anti-kickback statute are subject to criminal penalties and exclusion from the Medicare and Medicaid programs, the alert said.

"The important thing for physicians to realize is that any favor they receive or anything they get that they pay less than market value for from outside labs or hospitals that provide lab work for physician's offices can be interpreted as

an inducement for business," said Erlo Roth, MD, a Hinsdale pathologist and ISMS 11th District trustee. Physicians should scrutinize any "freebies" or favors they are currently receiving from a lab or other provider of medical-related services, Dr. Roth advised. "Stop accepting anything that's been discounted or you're not paying market value for, so you don't risk being accused of fraud or indicted."

FOLLOWING ON THE HEELS of the government's fraud alert, expanded self-referral provisions mandated by OBRA '93 went into effect Jan. 1, 1995. Those expansions prohibit referrals for physical and occupational therapy, radiology and diagnostics, radiation therapy, home health care, and inpatient and outpatient hospital services if those referrals are made by physicians who have financial relationships with the service providers, Ile said. The law also bans patient referrals to companies if physicians have a financial interest in them and if the companies are involved in the production and sale of durable medical equipment; outpatient prescription drugs; prosthetics, orthotics and prosthetic devices; and parenteral and enteral nutrients, equipment and supplies, he said.

"There are increasingly large gray areas [regarding fraud and abuse]," Ile concluded. "Physicians should seek very sophisticated legal advice if they have or are considering any economic interest in a facility to which they refer patients." He cited participation in integrated networks as one situation that creates a complex and potentially problematic financial relationship for physicians. "The law isn't obvious. Physicians must be careful."

For general information about the Medicare and Medicaid Anti-Kickback Statute, physicians may call ISMS' health care finance division at (800) 782-ISMS or (312) 782-1654, ext. 1131.

For legal advice about specific referral arrangements, ISMS members may contact the Society's Lawyer Referral Network at (800) MD-ASIST. ■

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

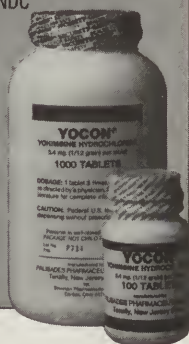
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Illinois hospitals ranked among country's best

[CHICAGO] Evanston and Glenbrook Hospitals and Community Hospital of Ottawa have been named among the country's 100 best-performing hospitals. The rating was based on a 1993 nationwide study of some 4,000 acute-care hospitals conducted by Mercer Health Provider Consulting in New York and HCIA, a health care information company in Baltimore.

The study, "100 Top Hospitals — Benchmarks for Success," placed hospitals in five peer groups according to size, geographic location and teaching status, and examined their clinical, operational and financial performances, according to a report in Modern Healthcare. Other U.S. hospitals would save \$21.6 billion, trim patient stays by a day and lower mortality rates by 17 percent and complication rates by 14 percent if they performed at the same level as the hospitals cited in the top 100, the study concluded.

"We are pleased to receive such national recognition," said Mark Neaman, president and chief executive officer of Evanston Hospital Corporation, which owns and operates Evanston and

Glenbrook Hospitals. "Clearly, this award is due in large part to the excellence of our professional staff, whose clinical skills and leadership allow us to continue to provide high-quality, cost-effective patient care." The study also ranked Evanston and Glenbrook Hospitals among the top 15 major teaching hospitals nationwide, a hospital spokesperson said.

"We're very proud that our hospital is considered to be among the best in the nation, especially after reviewing the qualifications necessary to be included in this group," said Robert Schmelter, president of Community Hospital of Ottawa. "It is clear from the study that changes made within the hospital industry over the past few years are beginning to take effect. It is also clear that CHO is moving in the right direction by striving to reduce costs without sacrificing quality of care or the financial viability of the hospital." Community Hospital of Ottawa was one of only 20 rural hospitals with fewer than 250 beds that made the top-100 list, according to a hospital spokesperson. ■

Workplace safety report submitted to governor

[SPRINGFIELD] The Governor's Advisory Council on Workplace Safety and Health recently submitted its report to Gov. Jim Edgar. Called Project Safe Illinois, the report proposed ways to encourage smaller Illinois companies to incorporate workplace safety and health measures into their daily operations, according to information provided by Edgar's office. ISMS was the only council member from the medical field. The Society's physician representative was E. Richard Blonsky, MD, of Chicago.

Millions of dollars are lost annually because of avoidable workplace acci-

dents and the related insurance costs, which are particularly acute for small businesses, the governor said. "This report contains a number of recommendations that I believe can help us address this important issue. The members of the Advisory Council on Workplace Safety and Health have developed a well-researched, thoughtful report. I believe their efforts represent an excellent example of ways the public and private sectors can work together to address issues that are important to all of Illinois."

Council members worked with experts statewide to determine methods

of identifying and reaching companies that could benefit from improved workplace safety practices, said Jay Dee Shattuck, chairman of the advisory council and executive vice president of the Management Association of Illinois. "The council shares the governor's belief that addressing the causes of workplace accidents and injuries before they happen is far more effective than dealing with the consequences. We believe that the recommendations outlined in this report represent an important first step in developing the kind of public-private partnerships necessary to advance this cause."

The report, which recommended that seed money be raised from the private sector, stated that conferences, training and multimedia materials should be used to promote workplace safety. The council also suggested that the project should serve as a clearinghouse for developing and disseminating workplace safety information and materials. In addition, the project should focus on emerging and high-priority workplace safety issues and join others working on such issues to ensure a coordinated response, according to the governor's press release. ■

Any willing provider

(Continued from page 1)

for physicians participating in managed care, there are no any willing provider protections, he said.

In the law regarding Illinois' Medicaid reform plan, however, the General Assembly included a variation on an any willing provider provision, Morse said. If the plan is approved by the federal government, the Illinois Department of Public Aid will contract with selected managed care organizations. Most managed care entities dealing with Medicaid will have to treat all applicants fairly and give reasons if they exclude them from the plan, Morse explained.

Other states' laws provide similar protections for physicians and increase patient choice. But in many of those areas, the local business and insurance communities are working to repeal the physician protections guaranteed in state law. Illinois Medicine contacted several state medical societies for updates.

ALABAMA

A patient choice statute that gives patients the right to assign benefits to nonparticipating providers is Alabama's version of any willing provider, said Wendell Morgan, general counsel and assistant executive director of the Medical Association of the State of Alabama. Under the law, nonparticipating physicians can receive payment directly from the insurance plan.

"The practical implications are similar to those of any willing provider, but the patient choice statute doesn't require plans to contract with providers," Morgan explained. Out-of-plan providers must meet the same requirements as in-plan physicians to receive payment, he added.

Alabama's patient choice statute is being challenged in court by Blue Cross Blue Shield, which claims the law is unconstitutional. The Blues won't honor pending claims until the suit is resolved, Morgan said. The state medical association supported the law and is helping defend it.

Only a small percentage of Alabama's population is covered by the nine HMOs licensed in the state, Morgan said, citing 1993 data. "My impression is that HMOs here are in the early stages. There are a lot of organizational efforts [being made] and a backlog of applications for HMO licenses. But you must recognize the strength of Blue Cross Blue

Shield in Alabama. They are the biggest boys in town and have a pretty big lock on the market. They cover more than 2 million of 4 million lives."

CALIFORNIA

California does not have an any willing provider law requiring networks to contract with all physicians. Instead, if physicians advocate medically appropriate health care for their patients, state law protects them from retaliation by managed care plans, said Hans Lee, a member of the California Medical Association's legal department.

Under the law, physicians can recover damages "if a health plan (or medical group, IPA, PPO, foundation, hospital medical staff and governing body or payer) terminates an employment or other contractual relationship or otherwise penalizes a physician in retaliation against the physician's efforts to challenge decisions, policies or practices [that] impair the physician's ability to provide medically appropriate health care to his or her patients." The protections, which are included in the state's Business and Professions Code, were sponsored by the California Medical Association, Lee said. They have been in effect for one year.

The law was necessary because most managed care plans can terminate physicians without cause, he noted. After physicians protested utilization review decisions they considered adverse to patient care, the state association received complaints about plans terminating physicians under the without-cause clauses, Lee explained.

IDAHO

Passed in July 1994, Idaho's any willing provider law is basically an insurance code for HMOs and includes due process protections for physicians terminated from plans, said Ron Hodge, assistant executive director of the Idaho Medical Association. "This has not been tested in the courts. And there is an open question whether or not PPOs, IPAs and the other alphabet soup [of health plans] are covered by the law. Most are assuming they are."

The code states that insurance companies must "be ready and willing at all times to enter into health care provider service contracts with all qualified health care providers of the category or categories [that] are necessary to provide the health care services covered by the insurance company's policy of insurance." Physicians must meet an insurer's requirements and practice within the

general area it serves.

The Idaho Association of Commerce and Industry will try to repeal the law during the next legislative session, Hodge said. "Members of the group are split. The small businesses support [the law], but the large companies don't. And the board of directors is made up of almost all the larger employers."

Idaho Medical Association members favored any willing provider legislation 5-1 in an association survey, Hodge said. "We were the one and only primary pusher [of the law] last year. It was our baby."

Idaho has little managed care penetration and is viewed as a "last haven" by

PPOs have to provide a fair, reasonable and equivalent opportunity to participate in the network. And if providers are in the network, they are entitled to due process.

physicians who don't want to participate in managed care plans, Hodge noted. "We're getting an influx of physicians, especially from Southern California, where managed care is the only choice."

NORTH DAKOTA

A North Dakota statute mandates that Blue Cross Blue Shield accept in its health plans any physician who meets the Blues' requirements, said David Peske, assistant executive vice president of the North Dakota Medical Association. Although the words "any willing provider" do not appear in the law, the concept dates back to a statute enacted in 1945. "This happened way before anyone was thinking about any willing provider and managed care."

A due process provision was added to the law in 1993, prompted by the "focused reviews" of area specialists that were conducted by the Blues, Peske explained. "The Blues saw that the fees some specialists were charging spiked way out of the norm. So they started

doing focused reviews to look at all ophthalmologists, ENTs, etcetera, to see why the payments were way higher. The doctors decided they needed a due process procedure."

The North Dakota Medical Association does not have an official position on any willing provider legislation, though it did support the original statute, Peske noted. "It hasn't come to the forefront here, as it has in some states." There are only two HMOs in the state and "very few" PPOs and IPAs, he added.

TEXAS

In the rules adopted by the Texas State Board of Insurance, the any willing provider regulations apply only to insured PPO products and not to HMOs, said Rocky Wilcox, general counsel for the Texas Medical Association. "PPOs have to provide a fair, reasonable and equivalent opportunity to participate in the network. And if providers are in the network, they are entitled to due process."

To limit the financial incentives that plans could use to steer patients to preferred providers, the law also caps the basic level of reimbursement, Wilcox said. In addition, the law states that the "basic level of reimbursement, excluding a reasonable difference in deductibles, may not be more than 30 percent less than the higher level of coverage available for care by preferred providers."

Lawsuits were filed against Aetna and Prudential by physicians who were terminated from the insurers' PPO networks. The Texas Medical Association and the Harris County Medical Society joined in the suits. The Prudential case was removed to federal court, where the judge refused to grant an injunction, according to a medical association case summary. In the Aetna suit, a federal judge ruled that only the Texas State Board of Insurance, not private litigants, can enforce the PPO rules. Aetna is appealing the decision.

As a result of the suits, Aetna has established a hearing process for appeal of without-cause terminations, and Prudential created a written process for such appeals, even though due process requirements are not included in the state PPO law.

Texas physicians believe that any qualified physician should be able to participate in networks and that decisions should be based on due process, Wilcox said. "We don't think networks should have to contract with every doctor, but they should have good reason not to." ■



SPORTING a traditional Hawaiian lei, AMA Board Chairman P. John Seward, MD, of Rockford, addresses the House of Delegates during the AMA's interim meeting in Honolulu in December. With continued consideration of health care reform high on the delegates' agenda, the House voted to support incremental reform.

Medicare fee schedule

(Continued from page 1)

physician work, practice overhead and malpractice liability expenses, measure the costs of operating a practice in each Medicare fee area compared with the national average. Medicare fees under RBRVS are determined by multiplying the GPCIs by the relative value units of a particular service, then multiplying the sum by a national dollar conversion factor, which increases annually to adjust for inflation, the Medicare volume performance standards and other factors.

"Doctors should feel positive because the conversion factors are higher. Because of this, the GPCI cuts will have less impact," Dr. Schneider said. "Even though compensation still isn't adequate, payment for physician services will be improved in most cases. And we hope that commercial payers using RBRVS will increase payments in a similar fashion."

The fee schedule conversion factors increased by 12.2 percent for surgical services, 7.9 percent for primary care services and 5.2 percent for all other services, according to an ISMS analysis of the rules. To maintain the budget neutrality requirements of Medicare law, HCFA also cut by 1.1 percent the relative value units for work, practice cost and malpractice expenses. RVUs are used to calculate the Medicare fee schedule. Last year, HCFA imposed a 1.3-percent cut on the RVUs, the analysis said.

As a result of the conversion factor

increases and the RVU refinements, Illinois physicians will see higher payment rates for many services, despite the cuts in the GPCIs, Dr. Schneider said. But physicians should keep in mind that overall payments will still be lower than anticipated because of the GPCI reductions, which will be phased in over two years to ease the negative impact, he noted. The fee schedule changes will reduce reimbursement for some services in 1995.

In addition, fees for some services, particularly evaluation and management services, are expected to increase as part of the ongoing phase-in of the RBRVS fee schedule, the ISMS analysis said. That phase-in will be complete in 1996.

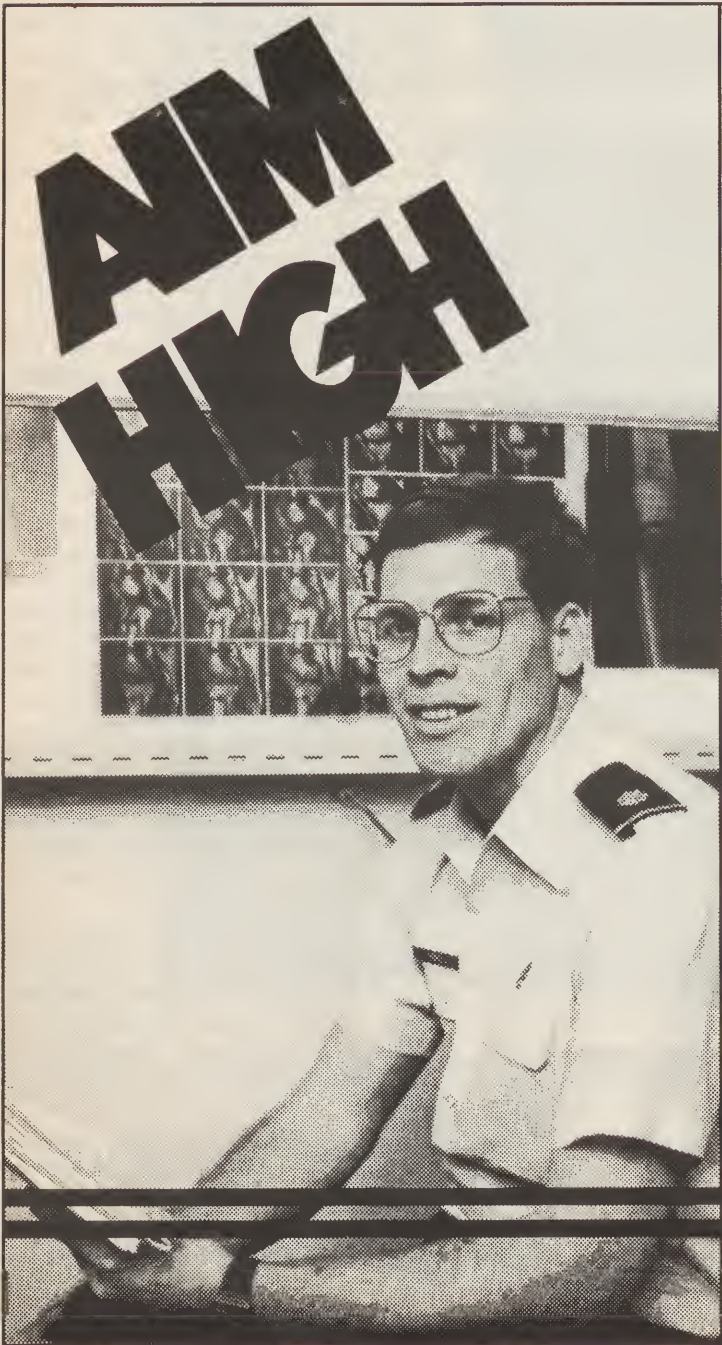
OTHER POSITIVE CHANGES for physicians were incorporated in the final rules as

well, Dr. Schneider said. For example, in certain circumstances physicians will be paid for oversight of home health care plans for Medicare patients, he said.

The final rules require HCFA to complete a review of all RVUs by Jan. 1, 1997, Dr. Schneider said. HCFA is also "looking at better ways to estimate practice costs," he noted.

ISMS will continue communicating physicians' concerns about the fee schedule when necessary, Dr. Schneider said. After the draft rules were released last summer, Society leadership traveled to Washington to meet with high-level HCFA officials and question the methodology used to calculate the new GPCIs. "There are still opportunities for medicine to correct some of the deficiencies [in the process]," he concluded. ■

KAREN STEVAN, ISMS' operations/telecommunications supervisor, is the recipient of the last ISMS employee recognition award of 1994. She was honored for her drive, dedication and ability to quickly handle internal requests for membership reports and equipment options.



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790, or fax CV to (612) 520-1564.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Radiologist, DuPage County. Golf every afternoon. BC radiologist sought for part-time position (week-day mornings). Call and weekends negotiable. Community hospital, great working environment, good location, all modalities. Potential to expand into full-time position. Call or write G. Johnson, MD, Glen Oaks Medical Center, 701 Winthrop, Glendale Heights, IL 60139; (708) 858-9700, ext. 3250; fax (708) 790-6995.

Primary care: For more than two decades, the staff of Physician Search Ltd. has provided career placement in the metropolitan Chicago area to board-certified specialists. We welcome the opportunity to work with you in a practice match. Please call Diane Temple, (708) 654-0761, fax (708) 754-9788; 440 E. Ogden Ave., Hinsdale, IL 60521.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Remember when ... Remember when life seemed a little less stressful and a whole lot more fulfilling? Begin again in the Land of Lincoln! We seek a caring, quality family practitioner to serve a draw population of 154,000, working part-time at an FP center and part-time at a rural health clinic. Gain professional and financial satisfaction while making your mark in this solid, Midwestern, family-oriented, safe, education-oriented, friendly community. \$140,000, incentive bonuses, paid benefits. Associate with 207-bed hospital positioned for growth and success well into the 21st Century! Call David Reeves for more information, (800) 235-6745.

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Michigan: Opportunity for one to two pediatricians in pretty southern Michigan community of 10,000-plus. Three-way-plus call, established patient base, supportive medical staff. Enjoy all the Midwest has to offer - affordable living, low crime, good schools and plenty of recreational options. Beautiful lake area. First-year income guarantee in \$120,000 range and more! Call Rebecca Turley, (800) 338-7107; fax (414) 785-0895.

Medical opportunity/physician assistant: Licensed/certified physician assistant for family planning, reproductive health care facility. Located in Chicago suburban area. Excellent opportunity. Full time or part time. Malpractice insurance, vacation and other benefits available. Please send CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Pediatricians: Private practice options for high-caliber pediatricians in northwest Chicago suburbs. Diverse caseload, excellent collections. Rewarding financial potential. Contact Rebecca Turley, (800) 338-7107; fax (414) 785-0895.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

BC/BE Internist for 84-physician multispecialty group on the scenic bluffs overlooking the Mississippi River where Iowa, Illinois and Wisconsin meet. Excellent call schedule in this 17-member department of physician-owned clinic with its own HMO. Professional administration enables physicians to concentrate on the practice of medicine. Outstanding lifestyle, excellent income guarantee, complete benefits and ownership eligibility. Call or send CV to Denis Albright, Medical Associates Clinic, 1000 Langworthy, Dubuque, IA 52001; (800) 648-6868.

Well-established cardiologist looking for a board-certified cardiologist willing to relocate to a busy, attractive area along the Mississippi River. Invasive and noninvasive practice. Partnership in two years. Send curriculum vitae and resume to Box 2272, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Occupational medicine/urgent care medical director. Outstanding opportunity. Excellent salary and benefits, administrative stipend, signing bonus and travel expenses. Incentive opportunity. Need board certification and/or extensive experience in occupational medicine. Jan. 1. Please call Ms. Catherine Sullivan at (708) 268-2510.

Surgical gynecology: Board-certified, board-eligible gynecologists needed full- or part-time for outpatient surgery center in Chicagoland suburban area. Great cultural, educational and recreational environment. Must have experience and credentials in pregnancy termination, endoscopic and laser surgery. No obstetrics. Malpractice insurance, paid vacation and health insurance available. Illinois license required. Send CV to Physician Recruitment Center, 8700 W. Bryn Mawr, Suite 800S, Chicago, IL 60631. No phone calls, please.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Physician/associate director: Northern Illinois University Health Service has an opening for an associate director of its ambulatory care facility. Position is approximately 80 percent provision of medical care, 20 percent administrative. Qualified applicant must be a board-certified physician and have or be eligible for Illinois licensure. Broad spectrum of training and clinical experience in primary care required. Preference given for experience in setting that includes high percentage of diverse young adults. Must possess strong communication, interpersonal and clinical skills. Send letter, curriculum vitae, three references to Charles Bowen, Director, Health Service, NIU, DeKalb, IL 60115; (815) 753-1319. Deadline for application is Feb. 15. EOE.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, Ob/Gyn, cardiology (noninvasive), outpatient psychiatry, general surgery, orthopedic surgery, pulmonology and dermatology. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Internist, Chicago: Five BC internists with offices in northeast and northwest Chicago seeking sixth BE/BC internist. Broad clinical practice with teaching available, if desired. Call will be one-in-seven weekends. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777, or fax CV to (414) 784-0727.

Emergency room position: Immediate opening for experienced physician to fill position in 24-hour emergency room at Saint Joseph Hospital, a 100-bed Level II trauma center in Belvidere (just one hour west of Chicago). Must be willing to see all ages. ACLS and ATLS certification preferred, 24 hours on/48 hours off with no call, full-time salaried position and comprehensive benefits. This department has had more than 7,100 visits in 1994. Saint Joseph Hospital is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-1997.

TIME FOR A MOVE?
IM, FP, OB/GYN, PEDS

OUR PROMISE
We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."
Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS:
CALL FOR DETAILS!

We track every community in the country . . .

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



The
Curare
Group, Inc.

(800) 880-2028
Or Fax CV to:
(812) 331-0659
M-F 8:00am-8:00pm
Sat 1-5pm EST

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353, or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Situations Wanted

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 296-9999. The coffee's bad, but the experience is heartwarming.

Experienced, board-certified gynecologist seeks hospital association, primary association and/or to take an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

U.S.-trained Illinois physician seeks primary care, home care or nursing home position in Chicago area. Page, (708) 817-5636.

Certified nurses' aide looking to work for doctors – for example, checking on patients and taking messages. Part-time, flexible hours. Call Olivia at (312) 536-1329.

Board-certified general surgeon, experienced in gastrointestinal endoscopy, seeking a position. Please send replies to Box 2269, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified radiologist available for part-time hospital/full-time clinic position. Knows all modalities. Please send replies to Box 2270, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking, walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Medical building for sale in Rockford, has five examining rooms, X-ray and lab, reception and waiting room – \$186,000. Please call (815) 626-4036.

Decatur: Physician office for rent-lease, 1,675 square feet. All utilities furnished. Ample off-street parking. Suitable for one to two physicians. Available Jan. 1 – 1063 W. Main St., Decatur, IL 62522; (217) 423-0078.

For sale: three examination tables. Like new – \$600 each or best offer. Call (309) 797-5864.

Downtown Chicago: For lease, 2,244-square-foot area. Close to Loop and major medical centers. Built out for physician's office. Secure building. Adjacent parking. Call (312) 829-1424.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed/bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week winter season, \$365 off-season. (608) 231-1003.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours – days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Miscellaneous

Medical billing service. Claims being returned because of errors, causing long waits to be paid? We can get your money to you faster. DEBS will submit your claims electronically. For more information, call (800) 676-7081.

Improve your cash flow and profitability. Submit your claims electronically and receive reimbursements in two weeks. Certified electronic claims professional. Full-service billing, including electronic claim processing, primary/secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Services Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On- or off-site services available. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements – \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Concerned about critical patient follow-up? Computerized monitoring service provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relationships, patient safety, and it could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

Temporary medical billing. On- and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Available to Illinois State Medical Society members from Deutsch Luggage: Special low prices on quality brand-name luggage, business cases and corporate gifts. Call Ken Levine at (312) 939-2935 or fax (312) 939-2353 for catalogs. Deutsch Luggage, four locations: 39 W. Van Buren and 40 W. Lake St., Chicago; Skokie; and Oak Brook.

"Fourth Annual Neurology for Primary Care Physicians," May 19-20, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Attention IPAs, lead doctor networks, PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to: AAPN, 8255 NW 16th St., Miami, FL 33166, or call (305) 591-1935.

Software package for IPAs (lead doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package (data processing services available). The Claim Pro®, (305) 596-3135.

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

**Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery**

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

LTC Lawrence Landrum
Collect (708) 541-3644

ARMY RESERVE. BE ALL YOU CAN BE.®

Medicaid

(Continued from page 1)

be in and would have disrupted patient care," Dr. Schneider explained. The new schedule would give patients and physicians more time to learn about the system "so those who elect to participate understand what's expected of them."

According to the revised schedule, IDPA would divide Medicaid recipients into four groups based on the month in which they are scheduled for their re-determination-of-benefits interview with department officials. Then, IDPA would send recipients notices about the new program, along with provider selection forms, Hovanec said. IDPA plans to use an educational process to help ensure that all Medicaid recipients who want to select their own health care provider have the opportunity to do so.

"Four months from the initial mailing, recipients who still haven't selected a provider will get a letter that says, 'Pick a provider, or we'll assign you to a managed care entity,'" Hovanec explained.

Recipients who received an enrollment notice in May and who didn't select a primary care provider by the deadline would be defaulted into capitated HMOs or managed care community networks, Hovanec said. The creation of those MCCNs – HMO look-alikes that serve only Medicaid patients and are governed and controlled by providers – requires federal approval.

Those patients who voluntarily select a provider could begin receiving services under MediPlan Plus as early as Aug. 1, Hovanec said. However, recipients in Cook County who failed to select a provider would automatically be defaulted into a managed care plan. The first group of recipients defaulted into managed care plans would start receiving services in December.

The revised implementation dates, like all aspects of MediPlan Plus, are contingent on HCFA's approval, Hovanec stressed. As Illinois Medicine went to press, IDPA representatives were scheduled to meet with HCFA officials Jan. 11.

IF PHYSICIANS want to continue existing relationships with Medicaid patients, they should start talking to those patients now, Dr. Schneider said. Doctors also must decide whether they want to participate in the reformed system and if so, what kind of participation they want. "Physicians aren't restricted. They can be gatekeepers, become part of an HMO or MCCN or join the staff of a federally qualified health center. Physicians can also agree to treat patients referred by a fee-for-service gatekeeper."

The IDPA document also expanded on the requirements and incentives for fee-for-service gatekeepers or what IDPA calls enrolled managed care providers. "Physicians have to understand that [to be an enrolled managed care provider], they must be willing to assume responsibility for continuity of care and for ensuring that patients receive appropriate preventive care services. If they don't want to assume those responsibilities, they shouldn't participate as EMCPs."

As proposed by IDPA, EMCPs would be required to ensure that after-hours care was available for their Medicaid patients seven days a week and that patient calls were returned within a reasonable time, the document said.

EMCPs would receive a monthly fee for each patient they agreed to treat over

and above the fee-for-service rates Medicaid would pay, Dr. Schneider said. And ISMS is providing input to IDPA about the development of an incentive program that would "reward behaviors leading to improved quality of care."

The enrollment letter IDPA plans to send to Medicaid recipients would include only the specific names of participating HMOs, MCCNs and FQHCs. Because of space limitations, the names of individual doctors would not be listed.

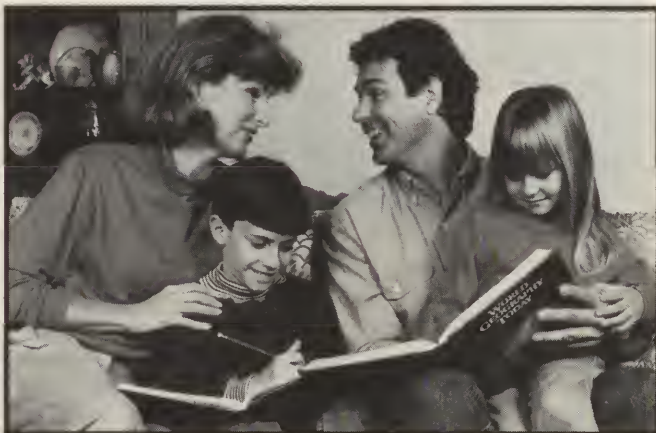
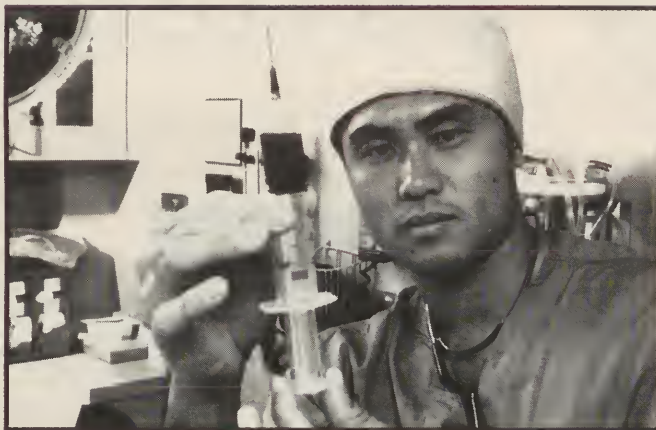
"The person who wants to choose an individual physician should have the same kind of information available," Dr. Schneider said. To give recipients that option, ISMS convinced IDPA to add an

800-number on the enrollment form. That way, recipients will be able to find out if their physician participates in MediPlan Plus as an EMCP or to get names of other physician gatekeepers.

MediPlan Plus would rely on the Cook County health system as a safety net for Medicaid recipients who did not have primary care providers. IDPA would pay for all services Cook County provides to Medicaid managed care patients. However, IDPA would track payments to Cook County for services delivered to patients enrolled in managed care plans. To prevent double payment, the department would then adjust capitation rates to those plans. "This loss of capitation

revenue will ensure that each [managed care entity] has a clear incentive to minimize its enrollees' usage of the Cook County system by providing positive education and outreach services and by ensuring readily accessible off-hours coverage," the document said.

That provision would cut payments to managed care entities, not necessarily to physicians, as was reported in the Chicago Tribune, Hovanec noted. Physicians' payments would be reduced only if the Medicaid managed care contracts they signed stated that they could be penalized if their patients used the county health system. "The MCEs would be penalized, not the individual doctors." ■



A Plan For All Seasons

Continuous Health Care Coverage From The PBT

Whether you have Individual or Group coverage, **The Physicians' Benefits Trust (PBT) Health Care Plans** stay with you through every stage of your career. Choose from among our full range of plans to provide the continuous health care coverage you need, whether you are just starting out, well-established in your practice, or looking forward to retirement. We offer the **quality, affordability and dependable service** Illinois physicians have come to depend on from the PBT. With the PBT you can have it all... for every season of your life.

Call for details
(800) 621-0748
(312) 541-2704

Ask about our other Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care Benefits
Long Term Disability
Term Life • Other Benefit Plans

“When I was handed a **summons**, I went numb. Without ISMIE concentrating on my case, I would have had a hard time **concentrating** on my patients.”



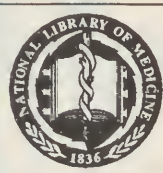
Anger. Helplessness. Self-doubt. Considering the emotional upheaval a malpractice action creates, it helps to have an insurer that puts physicians' needs first. That insurer is the Illinois State Medical Inter-Insurance Exchange. We assign a team of experts to every case, including claims analysts, physician specialists and the best medical malpractice defense attorneys in the state. Whether your claim goes to trial or is settled, your team is there to support you with an aggressive strategy to achieve the best possible outcome. So take care of your patients. And let ISMIE take care of you. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

Contact your
state senator and
representative to
support caps

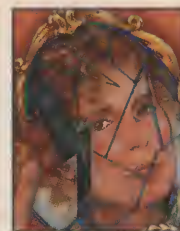
PAGE 5

Illinois



PROPERTY OF THE
**NATIONAL
LIBRARY OF
MEDICINE**

ILLINOIS STATE MEDICAL SOCIETY • JANUARY 27 1995



Repairing the
ravages of
domestic
violence

PAGE 7



Ron Ackerman

Edgar puts caps on fast track

SPEECH: It's time to
bring sanity to the tort
system. BY MARY NOLAN

[SPRINGFIELD] During his Jan. 12 state of the state address, Gov. Jim Edgar called on the General Assembly to place tort reform legislation on a fast track for passage during the current legislative session. Specifically, the governor said it's time to place a cap on noneconomic awards in medical malpractice cases.

Such a cap would ultimately "reduce the number of costly and frivolous lawsuits that clog up our court system and cost all of us far too much money and too many jobs," Edgar said. "As I said last year and the year before and the year before, it is time to bring some sanity to the Illinois tort liability system."

The governor questioned whether there is any legitimate reason that the civil lawsuits filed annually in Illinois total 250,000. A civil suit is filed every 30 seconds of each business day, he added.

Edgar also expressed concern that the high costs of litigation and the absence of caps have created hardships. Expectant mothers in 30 Illinois counties are denied medical advice and services because physicians are unable to cover the costs of malpractice insurance and practice there.

People who have been victimized by the neglect of others should be compensated. But it's time for a dose of fairness, Edgar said. "The only people benefiting from the system in place now are a few wealthy lawyers."

ISMS ADVOCACY

PUSH FOR CAPS ACCELERATES

ISMS is marshaling all its resources as the battle rages over a cap on noneconomic awards in civil suits, including malpractice cases. Such a limit would assure injured patients of full compensation for economic losses and cut health care costs for all Illinois citizens.

Countering ISMS' pro-limit push are the plaintiff lawyers' lobby and such organizations as the Campaign to Protect Consumer Rights. The campaign, an alliance of organizations including Illinois Public Action, began running misleading statewide anti-cap radio ads Jan. 9. The commercials - funded by campaign members, including trial lawyers - claim the tort reform proposals being considered in Springfield would harm consumers, would fail to improve the court system and would make it difficult for those injured by bad products or



ISMS members Aldo Pedroso, MD (left), and Pedro Poma, MD, are interviewed by a reporter at a Jan. 16 press conference in Chicago.

medical malpractice to receive compensation, said IPA Associate Director John Cameron.

"Nothing could be further from the

(Continued on page 14)

Pro-cap ads hit airwaves

[CHICAGO] The Illinois Civil Justice League unveiled a radio commercial Jan. 18 aimed at countering misinformation about a cap on noneconomic awards. The distortions are being perpetrated in ads sponsored by the Campaign to Protect Consumer Rights, which is backed by plaintiff attorneys. During a Chicago press conference, ISMS President Alan M. Roman, MD, joined other league members, including representatives of small businesses, industry and the non-profit and government communities, to explain why Illinois needs a cap

(Continued on page 15)

INSIDE

**DuPage County
improves access
to care**



PAGE 3

DEPARTMENTS

News Briefs.....	2
Commentary.....	4
ISMIE Update.....	6
Obituaries.....	9
IDPR Disciplines.....	10
Classifieds.....	11

ISMS launches consultant referral service

ACTION: A new Society program helps physicians deal with market trends.

BY MARY NOLAN

[CHICAGO] Help is on the way for ISMS member physicians who want to maximize their ability to respond to the changing health care environment. Pending board approval, ISMS' Consultant Referral Service is scheduled for implementation in early February. The service is designed to guide members to experienced practice management consultants. By taking advantage of this program, doctors can consider various options before making any practice changes precipitated by market forces.

"The managed health care system creates many problems in interpretation for physicians, and physicians must learn the system and help shape it to give them more input," said ISMS President Alan M. Roman, MD. It is better for physicians to shape managed care rather than be shaped by it, he added.

The referral service is being developed by ISMS' Health System Reform Committee. "The [referral service] will be a valuable resource for physicians,

especially those who have a great deal of difficulty trying to find someone to help them," said committee chairman and ISMS President-elect Raymond Hoffmann, MD. The consultants' professional assistance will provide more alternatives for doctors in maintaining their practices, he added.

ISMS has worked on the program for nearly nine months, Dr. Hoffmann said. To begin the process, ISMS contacted consultants in the medical field and described the proposed referral service. Those consultants who expressed an interest were given extensive applications to complete and were asked to provide references, he

explained.

After the applications and references were reviewed, ISMS interviewed all the consultants to determine their knowledge of physician concerns and their expertise in helping physicians maintain leadership roles in the changing marketplace. The consultants selected to join the referral service have backgrounds in such areas as accounting, actuarial analysis, strategic and financial planning, practice and asset valuation, business development, contracts and negotiation, information systems, human resources, public relations, general practice management and compensation.

"It's the [consultants] who have the information to give physicians that will make the

(Continued on page 13)

MANAGED CARE

Council plans full agenda for spring legislative session

Tort reform is just one area monitored by members of ISMS' Governmental Affairs Council. The 18-member council evaluates bills in the General Assembly that affect the health of Illinois residents and the practice of medicine.

Each year, the council tracks the progress of more than 1,000 out of 4,000 bills introduced in the General Assembly, explained council chairman William J. Marshall, MD, of Olympia Fields. Dr. Marshall has served as council chairman for three years.

By analyzing and following bills, the council helps ensure that legislative directives issued by the ISMS House of Delegates and Board of Trustees are met, Dr. Marshall said. In addition, the council offers recommendations to the ISMS Board of Trustees and House of Delegates about positions the Society should take on specific legislation. "Those directives and recommendations, which are based on existing ISMS policies, are formulated into positions after intense analysis."

Council members use their medical expertise to analyze bills and help determine whether they would harm or help Illinois physicians and their patients, he explained. This is critical because legislators' bills are typically crafted to help their constituencies, but those goals can

sometimes conflict with medical practice. That's why careful consideration must be paid to every piece of legislation that could affect physicians and patients in any way, said Dr. Marshall.

Given the volume of legislation related to health care and the interpretations and judgments that must be made on individual sections of law, council members continually scrutinize bills to guard against hostile amendments, inaccurate wording and other maneuvers, Dr. Marshall said. The council helps ensure that bills don't fall through the cracks by compiling two lists of bills at the beginning of every legislative session — one containing measures of primary interest to ISMS and the other including bills dealing with secondary issues. A typical primary list comprises about 300 to 400 House and Senate bills. Pending legislation on the primary list is considered by the council, which prioritizes and distributes copies of the bills to other ISMS councils and committees for more feedback.

An ISMS-supported bill addressing economic credentialing that passed the General Assembly last year was based

working
for
you

on a resolution from the House of Delegates. Several Society committees and councils, as well as ISMS physician leadership, examined the bill's provisions as the measure wended through the Capitol. Another bill introduced last year advocated a single-payer health care system for Illinois. The measure was opposed by ISMS and was a priority issue for several councils and committees, including the Governmental Affairs Council, since ISMS House policy denounces such a system as harmful to patients and physicians, Dr. Marshall explained. "Many times the council relies heavily on input from the 25 ISMS committees and councils, physician members and specialty societies."

Heading the Society's and the council's agenda for 1995 will be supporting and monitoring the progress of legislation that calls for the creation of a cap on noneconomic awards in medical malpractice cases. The change in the political climate in the Statehouse has produced the best opportunity in years for a cap and other tort reform. But passing such legislation will not be easy, warned James Wade, MD, a council member from Decatur. "Passage will not be

quick because there will be an enormous degree of pressure placed on lawmakers by the Illinois Trial Lawyers Association to block this type of measure." Opposition is also mounting from unions and self-styled consumer groups.

Although caps will be a "difficult battle," the atmosphere in Springfield should be more open to accepting physician input about tort reform and other health care issues, said Mark Shima, MD, a council member from Peoria. "We will be given a chance to offer our ideas and be heard because of the many friends that we now have in the legislature."

Dr. Shima said he hopes physicians will have more opportunities during the upcoming legislative session to educate lawmakers about medical issues that could affect quality of care. The council will take a bipartisan approach in forming positions, he added. Every legislator — Democrat or Republican — is treated equally because each has one vote, and the votes in this session will be close, Dr. Shima said.

"Legislators are very conscientious, and they want to know exactly how a given piece of legislation will affect their constituents," Dr. Shima explained. And lawmakers are eager to learn about health care. ■

Doctors combat obesity

[WASHINGTON] Former U.S. Surgeon General C. Everett Koop, MD, is calling on medical professionals to promote weight loss among their patients. Physician efforts are central to a new campaign, Shape Up America, which focuses on the importance of physical activity and a healthy body weight, said Dr. Koop in announcing the launch of the campaign in December.

"As the nation considers reforms to the health care system, no workable agenda can ignore the pressing issue of combating obesity in America," Dr. Koop said. "Elevating the issue of healthy weight must become a new imperative to which we devote the intelligence and resources of our communities and our nation."

Dr. Koop also discussed findings from a new report released by the C. Everett Koop Foundation. It describes obesity as a public health crisis that must be addressed "to prevent unnecessary death, disability and disease."

For example, more than one-third of the U.S. adult population and 21 percent of all 12-to-19-year-olds are obese or overweight, according to the report. Especially disturbing is that U.S. obesity rates, already among the highest in the world, continue to rise, Dr. Koop said. "After smoking, which causes an estimated 500,000 deaths annually, obesity-related conditions are the second-leading cause of death in the United States, resulting in about 300,000 lives lost each year." Obesity-related problems cost the country more than \$100 billion annually and account for 6.8 percent of all health care costs, the report said.

To participate in Shape Up America, physicians should identify at-risk individuals and educate them about lifestyle

changes to maintain a healthier weight, according to an executive summary of the campaign. "Because the average American has 5.4 contacts with physicians each year, the opportunities for physician intervention in obesity prevention and weight management are plentiful," the summary said. An "unprecedented education effort" will be required to help boost physician awareness about the nature of obesity, the difficulties inherent in treating the disease and the importance of counseling patients about realistic goals for weight reduction. ■

CHIN board elects officers

[CHICAGO] While contract negotiations over the primary vendor finalist continue, the Metro Chicago Community Health Information Network Board of Directors unanimously elected officers last month. The Metro Chicago CHIN is co-owned and governed by ISMS and the Metropolitan Chicago Healthcare Council.

Harold L. Jensen, MD, chairman of the ISMIE Board of Governors and an ISMS trustee, was elected chairman of

the CHIN board. Other new officers are Earl Bird, MCHC president, who was elected vice-chairman; John Graham, an MCHC board member, who was chosen as secretary; and Jeffrey M. Holden, ISMS' chief operating officer, who was named treasurer.

When fully operational, the Metro Chicago CHIN will be the largest CHIN of its kind. It was created to facilitate the exchange of clinical and financial data and reduce paperwork and administrative inconveniences. By using integrated computers, the network will link hospitals, physicians, payers, employers, laboratories, pharmacies and other affiliated groups.

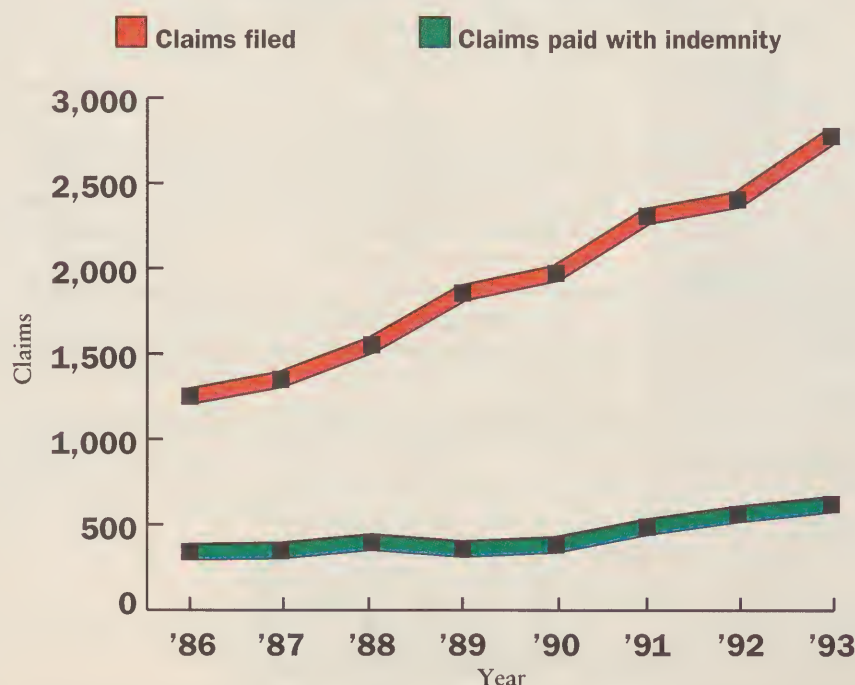
The CHIN board is composed of seven ISMS representatives and seven MCHC officials. Six additional board members will be designated jointly by ISMS and MCHC.

To implement the system, the board is negotiating a contract with companies nationwide that provide computer-related services and products such as electronic claims processing, information software and physician-hospital data transfer.

More information will be available soon for physicians interested in joining the network. ■

PHYSICIAN FACTS

Claims against ISMIE insureds 1986-93



Source: Illinois State Medical Inter-Insurance Exchange

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50, U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

DuPage County improves access to care

CLINIC: A hospital and a local physician focus on Medicaid patients. BY JANICE ROSENBERG

[WINFIELD] Medicaid patients in DuPage County have a new place to turn for medical care. Central DuPage Hospital opened its new Community Health Clinic last fall with two goals: to improve access for 11,000 Medicaid recipients in neighboring communities and to relieve pressure on the hospital's emergency services, said clinic manager Mary Rechka.

"Medicaid patients were coming into the emergency room or our Central DuPage immediate care centers for treatment, but we had nowhere to refer them for continuing care," Rechka said. "After doing a feasibility study, we decided to provide a family practice clinic [at which] patients could get total care."

By mid-December, Marty Russo Jr., DO, a family practitioner, had signed on more than 100 patients at the clinic. Many suffered from high blood pressure, diabetes and heart disease but had not had medical care in years, Dr. Russo said. Most of the patients were referred by local social service agencies, religious organizations and schools.

"I'm excited that we're able to give continuity of care to a population of patients that has had poor care or no care and that we're treating them with the same dignity privately insured patients get," said Dr. Russo, who is currently the clinic's only physician. "A number of the patients have already expressed a deep sense of gratitude."

Dr. Russo emphasized that the clinic is not trying to make money by seeing an enormous number of patients. "Unless you have a hospital like Central DuPage that's willing to kick in a substantial subsidy and lose money, giving the kind of care we think patients deserve is impossible."

The clinic is definitely a money-losing venture, said Richard Endress, vice president for physician integration at Central DuPage. "Social agencies identified medical care for public aid patients as the largest unmet need in the county," Endress noted. "We felt an obligation to step in and do something about it. Long term, we hope the clinic will cut down on inappropriate use of the emergency room and other nonprimary care services."

The clinic draws its patients from Bartlett, Batavia, Bloomingdale, Carol Stream, Geneva, Glen Ellyn, Glendale Heights, Medinah, St. Charles, Warrenville, Wayne, West Chicago, Wheaton and Winfield.

Currently, the clinic is open from 9 a.m. to 3 p.m. on Mondays, Wednesdays and Fridays and from noon to 7 p.m. on Tuesdays and Thursdays. When a second full-time physician comes on board, which is expected soon, the clinic will also see patients on Saturdays.

Before the clinic opened, the DuPage County Medical Society and the DuPage Department of Human Services tried to enroll Medicaid patients with local primary care physicians. But the demand for services always exceeded the number of physicians able to participate. The clinic should help relieve some of the stress on the program, said Stuart Morgenstein, DO, president of the DuPage County Medical Society.

"In a clinic, you can see patients on a

timely basis," he said. "The people involved at the [Community Health Clinic] are extremely dedicated and talented. Dr. Russo is a premiere family physician who can give patients excellent care."

Before the Central DuPage clinic opened, the county medical society handled all specialist referrals for Medicaid patients. Now Dr. Russo personally calls area specialists for each clinic

patient who needs a referral. When he finds one willing to accept the patient, he tells the specialist that the patient should be returned to the clinic. He reinforces that he is not abandoning the patient, he said.

So far, the response of most specialists has been heartening, Dr. Russo said. Many who previously had "no Medicaid" policies or who said they weren't interested in clinic referrals have since

accepted patients. "It took a while for them to see where our hearts were, how dedicated and committed we were about doing our part."

Although it's too soon to determine the clinic's effect on the hospital's emergency room and immediate care centers, those involved in the program said they hope it will make a difference. "It's very expensive to see public aid patients in emergency rooms and urgent care centers," Dr. Morgenstein said. "The clinic can give preventive care, and it can educate people in a way that will lower health care costs down the road by keeping them out of the hospital and its emergency services." ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

RETRAINING SPECIALISTS FOR PRIMARY CARE

Two of the major characteristics of the present health care environment in the United States are extremely high total and per capita costs, and excess capacity of certain providers. Excess capacity is particularly prominent in regard to hospital beds and the number of physicians who provide specialty care services.

One answer to the problems of cost-escalation and excess capacity has been the proliferation of managed care, in which Primary Care Physicians (Family Practitioners, General Internists, and Pediatricians) are given the responsibility and the authority to provide and/or order all health care services. This makes the Primary Care Physician (PCP) the "captain of the health care delivery ship." Therefore, managed care has increased the demand for PCP's, and this, coupled with the fact that PCP's constitute a very low percentage of practicing physicians in the United States, has resulted in the situation in which PCP's are probably the only sector of the health care industry that is not in oversupply.

The introduction of a Resource Based Relative Value Scale (RBRVS) method for determining physician payment, has resulted in relatively lower fees for specialty services, and relatively higher fees for the types of services provided by PCP's. This development, along with the oversupply of specialists, has led many specialists to consider changing their practice to primary care. These specialists often believe that such a transition would be relatively effortless, since in medical school, and perhaps in the first year of post-graduate training, they had the opportunity to learn about most of the major activities that comprise the practice of medicine, and especially the practice of primary care medicine; furthermore, these specialists believe that primary care practice is somehow easier and less complex than is the practice of a specialty, and in particular the practice of a procedurally oriented sub-specialty. Thus, these specialists believe they were generalists first, and now they can simply return to this easier mode of practice.

However, there is much evidence that a transition from the practice of specialty care to that of primary care is not simple, and cannot be accomplished by an individual physician's fiat. Specialty care is more focused and intense but is inherently more narrow. The broader "holistic" approach adopted by PCP's is foreign to many specialists. Furthermore, many specialists are just not knowledgeable about the current diagnosis and treatment of the disorders that are generally treated by PCP's. Many specialists who state that they will convert to Primary Care practice still intend to self refer those cases that were encompassed by their previous specialty, thus contradicting their professed commitment to practice primary care.

For all these reasons, Blue Cross Blue Shield of Illinois (BCBSI) believes that the solution to the problem of over specialization is to encourage more physicians to enter a primary care specialty at the start of their professional careers and to obtain the prerequisite residency training, rather than to have specialists declare themselves to be PCP's, or to state they have become a PCP after a minimal training or reorientation program. BCBSI wants to have in its physician network those PCP's who are truly PCP's, by dint of their commitment, their orientation, and their formal training.

(Issue: 01/27/95 - ALW)

Illinois Medicine

VOLUME 7, NUMBER 2

JANUARY 27, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Alfred J. Clementi, MD	David B. Littman, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Harold L. Jensen, MD	Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Offensive tactics

A recent story in the Chicago Tribune said that a "group backed by trial lawyers is taking the offensive with radio ads warning of a GOP attack to limit damage awards." Offensive is certainly the right word to describe those ads. They mischaracterize a cap on noneconomic awards as "legislation to let wrongdoers, negligent doctors, toxic polluters and the makers of dangerous products off the hook for their misdeeds. These proposals will force injured people and you, the taxpayer, to pick up the tab for the cost of their negligence and lock consumers out of the courthouse."

A cap would simply limit the lottery-like noneconomic portion of awards while allowing for full economic reimbursement.

The president of the Illinois Trial Lawyers Association was quoted in the Tribune story as saying, "The public in general is not very well-educated about some of these proposals. [They] don't affect frivolous lawsuits. They affect meritorious lawsuits." Wrong on both counts. A 1994 survey conducted by Market Strategies Inc. showed that 90 percent of Illinois voters believe that lawsuits without merit are a serious problem. And 72 percent support caps on noneconomic awards because of litigation's impact on health care costs. Sixty-four percent said they would not vote for a candidate who received campaign contributions from plaintiff attorneys. That sounds more like an informed negative opinion of plaintiff attorneys than a lack of education.

The ITLA president admitted that frivolous lawsuits do exist. And who is representing plaintiffs in those frivolous lawsuits? Plaintiff attorneys. The fact is that the prospect of a large windfall, in the form of a potential noneconomic award, can induce people and their lawyers to sue and can increase the total number of claims. Even frivolous claims require tremendous amounts of time and money to resolve, and they clog the court system so that people who deserve awards must wait to receive them.

Perhaps the real issue was reported in the Nov. 21, 1994, Washington Post: Reform including a cap would "cut into the livelihood of the nation's trial lawyers." In fact, a study reported in the Wall Street Journal in late 1992 said: "When other sources of lawyers' income dry up or as competition increases, attorneys pursue more medical malpractice claims. And the worse business gets, the more likely lawyers are to take on weak cases." Illinois plaintiff lawyers recently rushed to file suits before the new year "rather than risk legislative meddling that could reduce the size of jury verdicts and, as a result, their legal fees," reported a Jan. 6 Tribune story.

This issue of Illinois Medicine is filled with facts supporting the need for a cap to instill equity in the civil justice system. Use them. Contact your legislators and tell them why caps are in the best interest of our patients. Let's not allow plaintiff lawyers to obscure the real issue.

PRESIDENT'S LETTER

Family consequences in our profession

Alan M. Roman, MD



If my son and I could have been children at the same time, I'm sure we would have been best buddies.

Daddy, who is the princess?" asked my 4-year-old daughter, Lindsay, as she thumbed through our wedding album. "Your mother," I answered. "Will I be a princess and get married, too, one day?" asked Lindsay. "You already are a princess," I replied, knowing full well that whomever she marries will never be good enough. "That's good," she said, "because when I get married, I can sit in the front seat!"

You know children are growing up when they start asking questions that have answers. Children view the world differently than adults do. They accept events at face value. Their viewpoints are honest but delightfully innocent.

Parenting is difficult, sometimes unappreciated and full time, as is doctoring. But unlike medicine, parenting requires no advanced training or degree. Once you become a parent, though, you commit yourself to a lifetime of continuing education.

Children rely on their parents for love, affection, security and structure. The years of sleep-overs, pizza parties and family trips – which, believe me, are different than vacations – help create well-rounded individuals with strong identities and value systems. Once, when I asked Lindsay who she wanted to be, she answered, "When I grow up, Dad, I want to be just like myself. I like me the way I am."

Parents receive love and memories from their children. And children are a source of comfort, pride, friendship, discovery and surprise. My children have taught me that my childhood isn't lost, just misplaced. If my son and I could have been children at the same time, I'm sure we would have been best buddies.

Parenting our children can break our hearts, but we should not break theirs. The Sun-Times recently asked children what would be the best gift they could receive. A 15-year-old girl whose parents are divorced said, "A hug from my real Dad. I'm realizing that this may never happen, but I still wonder what it would be like if my parents

were back together again."

For doctors, it is ironic that all the hard work and long hours we invest – so that our children will have things better – detract from quality family time at best and disrupt the family at worst. There are special pressures for children who know that at any moment the sound of a beeper may call a parent away.

Parents and children meet as strangers and grow up together, surprising each other with interests and talents. In many ways, we know our children better than they know themselves. Being met with open arms by my children after a long day at work is one of life's greatest moments. And whether it is daddy-daughter night or just playing with Barbies on the bedroom floor, each episode is more than just a page in a chapter.

All the years of car pools, ballet lessons, peanut butter-and-jelly sandwiches and dresses in Crayola colors build not only a history but a family. Each year and each event contributes to individual lives and builds shared experiences. And as a result, our children will always carry a part of us with them.

We all want the best for our children. We want them to have health and happiness, joy and laughter, fulfilling lives, stable careers and children of their own. We place demands on ourselves as the parents of young children and even more demands as the children of aging parents. We can be responsible doctors and parents if we recognize that being a physician affects the kind of parent you are, just as being a parent influences the way you practice medicine. The challenge is balancing two all-consuming roles in a fashion that will never be free from uncertainty, no matter how hard we try.

Lindsay has brought me only joy and has exceeded my wildest dreams about what having a daughter would be like. Clearly, my medical career is shaping her childhood years, and her development is shaping my experience as a physician.

First person

Don't give away the chance to make a difference

By William Kobler, MD

Many of you know of my commitment to organized medicine. As ISMS 12th District trustee, an AMA alternate delegate, chairman of the Illinois delegation to the AMA Hospital Medical Staff Section and former president of the Winnebago County Medical Society, I firmly believe in the need for continued and increased physician involvement. Through these organizations, we can influence the local, state and national decision-makers who pass and implement policy that affects the way we provide medical care.

Specialty societies also play an important role. But as each group presses for its own needs and wants, the specific goals for which specialty groups lobby can appear at odds with the objectives of other medical organizations. This can lead to confusion and frustration among legislators who are trying to reconcile a seeming lack of unity in the medical community on health care issues.

County, state and national medical societies and associations make a concerted effort to represent all physicians. Now, more than ever, we need those organizations to be strong and

working
for
you



Dr. Kobler

unified in their quest for health system reform that makes the physician-patient relationship the focus of health care delivery. After all, our relationships with our patients are at the center of what we do every day. We must guard this relationship from outside forces that attempt to assert themselves between doctors and patients. Government, insurance companies and review organizations are important and necessary to the delivery of health care, but as third parties, they must remain peripheral to the interaction between physicians and patients.

I encourage each of you to join organized medicine through payment of membership dues and active participation in your county medical society, ISMS and the AMA. Through my affiliations with these groups, I know the success they have experienced in helping to shape the laws and regulations affecting our practice environment. There are increasing challenges to this environment imposed by those who seek control of health care delivery. Don't give away the chance to make a difference in our chosen profession. Remain involved in organized medicine. Our future depends on it. ■

Contact your state senator and representative

As a member of ISMS, you need to get involved in the fight for a cap on noneconomic awards. The guest editorial below helps explain why Illinoisans need a cap. Clip and photocopy it, address it to your state senator and representative, by name, and send it to the Statehouse, Springfield, IL 62706.

Please include a personal note if you can.

GUEST EDITORIAL

A sneak attack on malpractice reform

By George McGovern

Reprinted with permission of the Wall Street Journal © 1994 Dow Jones & Company Inc. All rights reserved. The article was originally published in the Aug. 11, 1994, issue.

America is in the midst of a new Civil War, a war that threatens to undercut the civil basis of our society. The weapons of choice are not bullets and bayonets, but abusive lawsuits brought by an army of trial lawyers subverting our system of civil justice while enriching themselves. Nowhere is this war being fought more fiercely than today on Capitol Hill.

We seemed to be turning a corner. In attempts to curb abusive litigation, states across the country have developed innovative solutions to resolve liability claims while containing costs. For instance, California has had effective medical liability reform in place since the mid-1970s. More than half the states have already enacted meaningful reforms. As on so many other issues, the states are leading the way to common-sense reform.

This is why proponents of reform were stunned and dismayed last week to see the House Judiciary Committee report out a medical liability amendment to the health care bill that can only be described as a disaster for the public and a windfall for the trial lawyers. Through their lobbyists and political contributions, the trial lawyers have inserted language that would actually overturn some of the reform the states have worked on for over 20 years by substituting less effective federal language. The amendment would, if passed, add to the cost of health care while limiting patients' access to the care they need.

There is significant bipartisan support among members of Congress, the nation's governors and the general public for effective medical liability reform to improve access, contain costs and to ensure adequate compensation for patients who are wrongfully injured. All that stands in the way is a group of lawyers intent on keeping their personal gravy train rolling along.

Nobody wants to weaken a good civil justice system. Nobody wants to deny a legitimate claimant or other wronged party his or her day in court. But the nation and our economy cannot continue to be held hostage. Forty percent of

all doctors and 70% of obstetrician-gynecologists will be sued in their careers. The rate at which doctors are being sued has exploded by 1,000% since 1984. Direct liability costs have been growing at four times the rate of inflation. Yet of the billions of dollars spent on medical liability, only 40 cents of every dollar reached the injured patient. Trial lawyers customarily collect 30% to 50% of the average award in fees and expenses.

The tort or lawsuit component of our justice system exacts a multibillion-dollar toll on the American economy and consumes a portion of our gross national product five times greater than in Japan or Britain. Such costs are inevitably passed back to consumers in increased prices for goods and services. Not just in doctor or hospital bills, but in every appliance, tool, football helmet, ladder, automobile or other product frequently targeted in product liability suits.

During last winter's ice storms in Washington I fell on the ice outside a theater and broke my shoulder, including a serious injury to the rotator cuff that required surgery and lengthy therapy. It never occurred to me to sue anyone. I simply fell down and got hurt on the ice caused by Mother Nature. But numerous friends suggested that I sue the city or the theater, or anyone else in the vicinity. If I and my fellow citizens all take that route, the lawyers may get richer, but the rest of us will be the poorer for it.

The doctor who took care of me after the complicated injury was a superb orthopedist who did everything right. But with an injury like this, doctors have to have the courage to follow what are sometimes risky and radical procedures. I don't want my doctor so frightened by potential lawsuits that he backs away from these procedures, or charges me exorbitant fees to cover huge malpractice insurance costs, nor do I want opportunistic trial lawyers getting rich at the expense of me and my doctor and my fellow Americans.

As Congress moves toward voting on health care reform, let's urge it not to turn back the clock on malpractice reform.

McGovern is a former U.S. senator and was the 1972 Democratic presidential nominee.

Quotables

"We're going to make sure we don't do anything to limit a person's right to restore any losses in property or medical costs, but we think there ought to be limits on these big fees to millionaire attorneys and that courtrooms should no longer be lotteries."

— **Rep. Ron Stephens (R-Troy)**, Alton Telegraph

"I would anticipate caps on noneconomic damages for medical malpractice and product liability, but I don't think injured people are going to lose their rights."

— **Rep. Tom Ryder (R-Jerseyville)**, Alton Telegraph

"From every perspective other than that of trial lawyers, Illinois is in most serious need of tort reform."

— **Copley newspapers editorial**

"Not only does such a limitation significantly reduce the costs of the tort system, but it also serves to expedite settlements by eliminating an unknown that under-

mines the ability of the parties to reach an agreement on compensable damages."

— **Tort Policy Working Group**, An Update on the Liability Crisis

"In 1975, California's professional liability premiums were the highest in the world. By 1990, California premiums were a half to a third of those in states that have not enacted MICRA reforms."

— **What Everyone Needs to Know About MICRA**, Californians Allied for Patient Protection

"Needless tests and other aspects of defensive medicine add to the financial burden — roughly \$25 billion a year."

— **Decatur Herald & Review editorial**

"[D]octors have to have the courage to follow what are sometimes risky and radical procedures. I don't want my doctor so frightened by potential lawsuits that he backs away from these procedures or charges me exorbitant fees to cover huge malpractice insurance costs."

— **Former Sen. George McGovern**, Wall Street Journal

Push for caps accelerates

PAGE 1

ISMIE Update

Gov. Edgar puts caps on fast track

PAGE 1

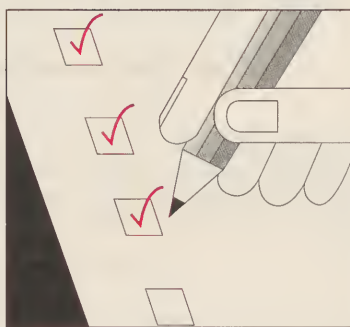
Office practice guidelines cut risk

© Copyright 1986. Practice & Liability Management Consultants. All rights reserved.

Personnel issues

Properly trained and educated staff can help protect you from malpractice claims. Risk reduction recommendations include the following:

- Always verify licenses and check references.
- Select staff who demonstrate good patient relations skills. This skill should be evaluated on yearly performance reviews.
- Prepare written position descriptions to minimize errors in job responsibilities and to prevent staff from performing tasks beyond duty limitations. Know your state laws on duty limitations for each type of assistant. Malpractice carriers are not legally bound to defend you for acts your staff perform outside of state laws governing duty limitations.



- Prepare written procedure and policy manuals to reduce errors.
- Give verbal, constructive positive and negative feedback in a timely manner. Use written performance reviews.
- Provide continuing education for staff to keep their skills up-to-date. Keep copies of CE verification in the employee's personnel file.
- Set a policy that violation of the standard of care is grounds for termination.
- Give clear instructions about the amount, type and limitations of advice staff can relate to patients. Monitor staff responses occasionally.

tions of advice staff can relate to patients. Monitor staff responses occasionally.

- Be certain that your staff are not overprotective of your time and place a barrier between you and your patients.
- Instruct staff to report any patient dissatisfaction with care or the bill.
- Encourage staff to question and bring to your attention any possible errors you may make that may result in patient injury.

Scheduling

Patient dissatisfaction with long waiting times can trigger a suit if an adverse outcome is experienced. It is recommended that you

- Analyze your scheduling and time patient waiting periods to uncover and solve problem areas. This can be accomplished through the use of time-flow studies.
- Advise staff to update patients

regularly about the length of waiting times. Offer the patient the choice of waiting or rescheduling.

- Notify your staff if you will be delayed or late in starting your office hours. Staff can telephone patients and advise them of possible delays.
- Retain schedule books as you would medical records.

Telephone

The manner in which patients are treated over the telephone can be a factor in filing a malpractice claim. Some suggestions include:

- Inform your answering service to identify itself as the service. Patients resent describing their medical condition to a person they assume to be your staff only to find out that they have been talking to the service.
- Analyze the amount of time your phone is busy by telephone company busy studies.

- Limit the amount of time patients are put on hold.

• Build in call-back periods during your daily schedule so staff can inform patients when you will return phone calls.

- Instruct staff about which type of phone calls require immediate attention by the doctor.

• Keep carbon message pads to reduce the chance of lost messages.

• Document all phone conversations, including after-hours calls. The same standard of care exists 24 hours a day. Your defense may rest on information, advice or direction you gave patients by telephone after hours and on weekends. Many physicians use microcassettes to dictate this information, which can be transcribed or placed into the chart. Medical-record-form companies produce small telephone message pads with sticky backs that can be placed directly into the chart.

- Retain telephone message logs as you would medical records.

MALPRACTICE ROUNDUP

Health plan fined for restricting access to specialist

Denying a 9-year-old cancer patient access to a qualified pediatric surgeon has cost the California-based health plan TakeCare Inc. \$500,000, according to a story in Business Insurance. The fine is the largest ever assessed by the California Department of Corporations. Specifically, the department accused TakeCare of "failure to provide appropriate access to quality medical care, putting in jeopardy the life of a young [female] patient." In addition, the department said the health plan "retaliated against the girl's family for independently seeking to obtain the services of a qualified pediatric surgeon."

The patient, who had a rare cancer called Wilms' tumor, has recovered from surgery performed by an independent provider. TakeCare's parent company, FHP International, which acquired the health plan in June 1994, plans to contest the fine. ■

\$5.5 million awarded for removal of wrong lung

The family of a patient whose healthy lung was erroneously removed during 1991 lung cancer surgery has won a \$5.5-million out-of-court settlement, according to a story in the Chicago Tribune. More than a year after a physician told the patient that he was cancer-free, the patient examined his medical records and found that his noncancerous lung had been removed.

The patient died, and his family filed a wrongful death suit, claiming that physicians involved in the case had suppressed information and altered documents related to the botched surgery. The surgeon said he removed the wrong lung because of an altered test report and a colleague's prodding. Other physicians claimed confusion caused the mix-up, according to the article.

Because the cancer had not metastasized, medical experts testified that the patient had a 60-percent chance of surviving with the cancerous lung if he had received radi-

ation therapy when the error was discovered. But after a tumor specialist told the patient that radiation treatment would extend his life by only two to three months, the patient chose not to undergo therapy. The specialist said he encouraged the use of radiation therapy, the story said.

The \$5.5-million settlement was reached with seven of the defendants named in the suit, including the primary doctors involved in the patient's care. The hospital and 19 others involved in the case remain as defendants. ■

\$1.2 million awarded in wrongful birth suit

A Macon County jury recently awarded \$1.2 million to the plaintiff in a case alleging wrongful birth. Rick Korte, the plaintiff's attorney, said he believes this may be the first wrongful birth suit that has been decided by a jury in favor of a plaintiff.

The plaintiff's daughter was born deaf in one ear and blind, as well as suffering from cerebral palsy and profound mental impairments. The plaintiff sued her obstetrician, contending that he failed to inform her of the results of an ultrasound test that may have indicated the fetus' disabilities and he neglected to offer her the option of an abortion.

Despite conflicting evidence regarding the ultrasound results, the jury deliberated just four hours before returning a verdict for the plaintiff.

The \$1.2-million award is for economic losses and is intended to compensate for the extensive past and future medical and rehabilitative expenses the girl will incur. Those costs were determined by a rehabilitation physician. An expert witness in the case testified that the child, now five years old, could have a normal life span and live another 70 years.

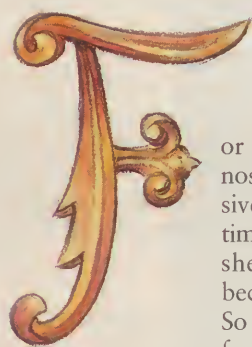
The defense is filing a posttrial motion, which will probably be followed by an appeal, according to the physician's attorney. ■

CHARITY CARE

Repairing the ravages of domestic violence

Through a national volunteer program, plastic surgeons help victims put the pieces of their lives together.

BY TED HARTZELL



For 17 years Joyce Kegeles lived with a nose that had been damaged by an abusive husband. Surgery performed at the time of the injury was unsuccessful, and she was told that the damage would become even more obvious over time. So she resigned herself to accepting her face, but it wasn't easy. "I would look in the mirror and see a crooked nose. It was a visual reminder every day."

Last year a friend heard about a national program that provides free reconstructive surgery to victims of domestic violence who can't otherwise obtain it. Kegeles checked it out.

In November 1994, she underwent surgery through the National Domestic Violence Project, sponsored by the American Academy of Facial Plastic and Reconstructive Surgery and the National Coalition Against Domestic Violence. The program emphasizes healing battered self-esteem as much as reconstructing the physical evidence of abuse. "This is about restoring dignity," said Mary Lou DiNardo, a spokesperson for the academy.

Kegeles is, unfortunately, not an isolated case. About 5 million women are physically abused by their male partners each year, according to the coalition. That may help explain why by the end of 1994, thousands of victims had called the program's toll-free number, which provides names of local participating plastic surgeons, said DiNardo. Of the academy's 3,000 members, about 500, including three Illinois physicians, have agreed to participate in the program.

Through the program, domestic violence shelters act



Susan Edison

CHARITY CARE

as screening agents and connect victims with surgeons. One step in screening is to ask victims whether they are truly out of abusive situations. "There's no sense in fixing up somebody's nose, [only] to have her go back into the war," DiNardo said.

Although most of the program's patients are women, surgeons will also treat children and men, she noted, adding that two children are currently scheduled for surgery.

A FREEPORT SURGEON who now participates in the program said he treats about six women annually whose faces have been injured through domestic violence. Like other physicians, Dennis Thompson, MD, routinely provides charity care, but this is the first time he has been formally involved with such a program, he said.

There is a clear need for such care because many Freeport residents "are priced out of the market," Dr. Thompson explained. They don't qualify for Medicaid and can't afford plastic surgery on their own. The cost of typical surgeries is about \$5,000 for repairing a fractured mandible, including dental and hospital charges, and from \$2,500 to \$3,000 for fixing a fractured nose, he noted.

The domestic violence injuries Dr. Thompson treats most commonly are broken noses, followed by fractured mandibles and damage to the left eardrum. Facial injuries usually result from blunt trauma, indicating a spur-of-the-moment act of violence. Cuts, which indicate premeditation, are rare, he said.

Most of the victims seen by Dr. Thompson are young women, and for them, appearance is especially important. Self-esteem improves the moment he removes their bandages after surgery and they look in the mirror, he said.

A plastic surgeon who practices in Champaign, Guillermo Castillo, MD, categorizes victims into two types. In one category are women whose lives are still in turmoil and whose injuries are fresh. Such patients may have injuries to the skin, nose, ears or the breast area. Dr. Castillo said he sees such women perhaps once a month. "I think that their life does not permit them to think about something trivial like surgery when they have such pressing problems as kids' injuries or a belligerent husband."

In the other category – which he said includes most domestic violence victims he treats – are women who have fled violent home situations. They are separated or divorced or have otherwise resolved the problem. "They either want to get over some of the injuries they sustained, or they want to make the face more appealing," Dr. Castillo said.

Dr. Castillo credited the American Academy of Facial Plastic and Reconstructive Surgery for publicizing the project. "This program is quite different because it has been advertised and publicized through the NCADV to prosecutors, social workers, judges, etcetera – people who are really on the front lines."

The academy also urges participating surgeons to seek the help of hospitals in providing free hospitalization and anesthesia. "So far, hospitals have been wonderful" about providing support, DiNardo said.

In addition, the academy suggests that surgeons donate any insurance payments to its Educational and Research Foundation.

From its inception in August 1994 to year-end, the

ISMS and ISMS Alliance program to provide CME credit

Illinois physicians may soon be able to receive two hours of CME credit for completing a program aimed at helping them detect signs of domestic violence and understand the sociological context of abuse. The Committee on CME Activities has preliminarily approved the CME credits, and approval by the ISMS Board of Trustees is pending.

Part of the ISMS Alliance's Anti-Violence Initiative, the program is cosponsored by ISMS and the Alliance and is based on a video that presents the case histories of three abused women.

One of the goals of the program is to help physicians understand the sociological aspects of domestic violence. For example, attendees will learn that abusers often accompany victims to the emergency room to manipulate them. The presentation also explains how to create an environment of trust so that victims will be more likely to confide in physicians and how doctors can prepare to deal with those confidences.

On the clinical side, the program should enable physicians to detect primary and secondary problems associated with domestic violence. For example, addiction to pain medication may stem from self-treatment of ongoing injuries.

"Physicians are sometimes not taught about domestic violence in medical school," said ISMS Alliance President Carolyn Kobler. "We hope physicians will use the program as a tool to better diagnose domestic violence and as a resource for information on shelters. Through the program, we want to help victims who wouldn't ask for [help]."

As part of its Anti-Violence Initiative, the Alliance previously developed informational materials including a statement of purpose, educational plan, suggested activities for county medical societies, a list of program sites such as women's shelters, an AMA Alliance video and script and a sign-up sheet for the AMA's National Coalition of Physicians Against Family Violence. More than 1,000 folders have been distributed.

To schedule a presentation or get more information, physicians and Alliance members may call (312) 782-1654 or (800) 782-ISMS, ext. 1241.

— Ted Hartzell

program logged 100 surgeries. DiNardo projected that through the program, participating surgeons will provide millions of dollars-worth of free surgery and, in many cases, will absorb associated expenses.

For Kegeles, the benefits of her surgery are invaluable: "It feels like the memories have been erased from my face."

OBITUARIES

*Indicates member of ISMS Fifty Year Club

*Barson

Lloyd J. Barson, MD, a urologist from Chicago, died Oct. 13, 1994, at the age of 75. Dr. Barson was a 1943 graduate of the Ohio State University College of Medicine, Columbus.

Connor

Audley F. Connor Jr., MD, an internist from Chicago, died Sept. 22, 1994, at the age of 69. Dr. Connor was a 1958 graduate of Howard University College of Medicine, Washington, DC.

*Doelker

Donald J. Doelker, MD, an Ob/gyn from Freeport, died Dec. 2, 1994, at the age of 80. Dr. Doelker was a 1942 graduate of the Chicago Medical School.

*Edelson

David Edelson, MD, a general surgeon from Pembroke Pines, Fla. (formerly of Elmwood Park), died Nov. 16, 1994, at the age of 80. Dr. Edelson was a 1943 graduate of the Chicago Medical School.

*Kendell

H. Worley Kendell, MD, a physical medicine and rehabilitation practitioner from Peoria, died Dec. 30, 1994, at the age of 87. Dr. Kendell was a 1933 graduate of the University of Cincinnati College of Medicine.

*Mackenzie

Wallace D. Mackenzie, MD, a general surgeon from Glencoe, died Nov. 27, 1994, at the age of 93. Dr. Mackenzie was a 1924 graduate of the Faculty of Medicine University of Edinburgh, Scotland.

*Pfeiffenberger

Mather Pfeiffenberger, MD, an abdominal surgeon from Alton, died Nov. 19, 1994, at the age of 74. Dr. Pfeiffenberger was a 1944 graduate of Harvard Medical School, Boston.

*Stillerman

Manuel L. Stillerman, MD, an ophthalmologist from Chicago, died Sept. 25, 1994, at the age of 78. Dr. Stillerman was a 1941 graduate of Rush Medical College.

Turbin

Richard C. Turbin, MD, a radiologist from Chicago, died Nov. 9, 1994, at the age of 63. Dr. Turbin was a 1957 graduate of the University of Illinois College of Medicine, Chicago.

*Weisdorf

William Weisdorf, MD, a psychiatrist from Glencoe, died Oct. 16, 1994, at the age of 83. Dr. Weisdorf was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

Planning board approves new Cook County Hospital plan

[CHICAGO] The Illinois Health Facilities Planning Board has approved the construction of a new 464-bed Cook County Hospital. The building is expected to open in 2001. The current 82-year-old facility will be demolished, according to Cook County officials.

At a December meeting, the planning board granted a certificate of need that allows for the \$589-million construction project, according to hospital press

materials.

Cook County officials have said that building a new hospital is far more economical than repairing and updating the old one. In addition, building and operating a new, smaller hospital would cost the county \$440 million less in the first five years than maintaining the existing complex, according to a financial analysis conducted a year ago by the accounting firm of Coopers & Lybrand.

"Over the past three years alone, we have had to spend more than \$80 million on capital renovations simply to meet code and accreditation requirements," said Richard Phelan, whose term as Cook County Board president expired a few days after the planning board's vote.

The current facilities are "absolutely unacceptable by any measure," said Ruth Rothstein, chief of Cook County Health Services. She noted that patient wards are cold in the winter and hot in the summer, and that a nurse must walk the equivalent of a city block from the nurses' station to reach some patients. ■

ONCE AGAIN



Voltaren[®] 25-50-75-MG TABLETS
diclofenac sodium

**More prescriptions
worldwide in 1992 than
Feldene[®], Naprosyn[®],
Relafen[®], Lodine[®], and
Daypro[®] combined*†**



***Based on number of prescriptions worldwide (IMS MIDAS, 6/93).**

† Feldene (piroxicam) is a registered trademark of Pfizer Inc; Naprosyn (naproxen) is a registered trademark of Syntex Puerto Rico Inc; Relafen (nabumetone) is a registered trademark of SmithKline Beecham Pharmaceuticals; Lodine (etodolac) is a registered trademark of Wyeth-Ayerst Laboratories; Daypro (oxaprozin) is a registered trademark of G.D. Searle & Co.

Please see Brief Summary of Prescribing Information on adjacent page.

ciba

© 1994, Ciba-Geigy Corporation.

Printed in USA (4/94)

388-42171-A 2

IDPR DISCIPLINES

This information is reprinted from the Illinois Department of Professional Regulation's monthly disciplinary report. IDPR is solely responsible for its content.

September 1994

Thomas S. Haas, Galesburg – physician and surgeon license issued on probation for five years after responding affirmatively to a personal history question on his application.

M. Franklin Harrison, Mount Vernon – physician and surgeon and controlled

substance licenses placed on indefinite probation for a minimum of five years after voluntarily surrendering medical licenses in other states.

Kenneth W. Jones Jr., Chicago – physician and surgeon license indefinitely suspended after violating a previously ordered probation.

Vincent Steward, Chicago – physician and surgeon license placed on probation for one year; controlled substance license indefinitely suspended for a minimum of two years after prescribing controlled

substances for nontherapeutic purposes.

October 1994

Jose Austriaco, Oak Brook – physician and surgeon license placed on probation for two years, and controlled substance license suspended for 90 days followed by probation for two years and nine months for allegedly prescribing Didrex to a department investigator who had no legitimate medical need.

Martin Baurer, Hewitt, Texas – physician and surgeon license placed on indefinite probation after being disciplined in

the state of Texas.

Mark Beale, Nashville, Tenn. – physician and surgeon license revoked after being disciplined in the state of Tennessee.

Susan B. Carpo, Orland Park – physician and surgeon license reprimanded and fined \$5,000 due to practicing anesthesiology for a number of years without a valid controlled substance license.

Abbas Halim Demetrios, Atlanta, Ga. – physician and surgeon license indefinitely suspended after being disciplined in the state of Georgia.

Ismail Elguindi, Columbia, S.C. – physician and surgeon license placed on indefinite probation after being disciplined in the state of South Carolina.

Nancy Jane Gregory, Ketchum, Idaho – physician and surgeon license indefinitely suspended after agreeing to voluntarily suspend her right to practice in the Commonwealth of Massachusetts.

Antonio Gutierrez, Chicago – physician and surgeon license placed on probation for two years, and controlled substance license suspended for six months followed by probation for 18 months for allegedly prescribing controlled substances in a nontherapeutic manner.

Tharwat Hamamcy, Millsap, Texas – physician and surgeon license revoked after being disciplined in the state of Texas.

Hyung P. Hong, Morton Grove – physician and surgeon license revoked for providing care and treatment without appropriate diagnostic workup, failing to evaluate and work up complaints of chest pains and heart problems, failing to appropriately follow up on abnormal laboratory results and prescribing medications without regard to side effects.

Van Johnson, Anderson, Ind. – physician and surgeon license indefinitely suspended after being disciplined in the state of Indiana.

Roderick Matticks, Springfield – physician and surgeon license placed on indefinite probation after pleading guilty to a charge of public indecency.

Wallace Nakagawa, Villa Grove – physician and surgeon license indefinitely suspended for failing to pay Illinois income tax in 1986 and failing to file Illinois income tax returns for tax years 1987, 1988 and 1989.

Philip Rice, Hartville, Ohio – physician and surgeon license indefinitely suspended after being disciplined in the state of Ohio.

Frank Romani, Kenosha, Wis. – physician and surgeon license indefinitely suspended after being disciplined in the state of Wisconsin.

Lynn Terese Shepler, Cambridge, Mass. – physician and surgeon license placed on probation after defaulting on an Illinois student loan.

Henry C. Zingher, Rushville – physician and surgeon license reprimanded and controlled substance license indefinitely suspended for prescribing controlled substances in a nontherapeutic manner.

VOLTAREN®
diclofenac sodium
Delayed-Release (enteric-coated) Tablets

CATAFLAM®
diclofenac potassium
Immediate-Release Tablets

Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea, when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY: Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactoid reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous G.I. tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous G.I. tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper G.I. ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and not exist in 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious G.I. toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious G.I. events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal G.I. events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of G.I. toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [—the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. Of the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe at times) have been observed in clinical trials and/or by the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several laboratory subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients: creatinine 2.3 mg/dL and BUN 28.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious G.I. tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of this follow-up (see WARNINGS, Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be

monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Dral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, doxycycline, or digitoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tolbutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlorotetracycline, doxycycline, cephalothin, erythromycin, and sulfamethoxazole have no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree; therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m²/day approximately the human dose) have revealed no significant increases in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m²/day) female rats (high-dose females had excessive mortality), but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m²/day) in males and 1 mg/kg/day (3 mg/m²/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in in vitro point mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian in vitro and in vivo tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m²/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m²/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m²/day for rats, and 80 mg/m²/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rarer events are derived primarily from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) vs. Cataflam Immediate-Release Tablets (N=196) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with Cataflam Immediate-Release Tablets, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3% of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.5%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

Incidence Greater Than 1%—Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps, * headache, * fluid retention, abdominal distention.

Digestive: Diarrhea, * indigestion, * nausea, * constipation, * flatulence, liver test abnormalities, * PUD, i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness.

Skin and Appendages: Rash, pruritus.

Special Senses: Tinnitus.

* Incidence, 3% to 8% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1%—Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, anaphylaxis, anaphylactoid reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, indigestion, * melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, hepatic necrosis, appetite change, pancreatitis with or without concomitant hepatitis, colitis.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, hemolytic anemia, aplastic anemia, agranulocytosis, purpura, allergic purpura.

Melabolic and Nutritional Disorders: Azotemia.

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability, aseptic meningitis.

Respiratory: Epistaxis, asthma, laryngeal edema.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, bullous eruption, erythema multiforme major, angioedema, Stevens-Johnson syndrome.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma.

Urogenital: Nephritic syndrome, proteinuria, oliguria, interstitial nephritis, papillary necrosis, acute renal failure.

Incidence Less Than 1%—Causal Relationship Unknown: (Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, flushing, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: Bruising.

Melabolic and Nutritional Disorders: Hypoglycemia, weight loss.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, abnormal coordination, convulsions, disorientation, psychotic reaction.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, exfoliative dermatitis.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

Printed in USA

CS4-2 (Rev. 3/94)

Geigy

Distributed by:
Geigy Pharmaceuticals
Ciba-Geigy Corporation
Ardley, New York 10502

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

BC/BE internist for 84-physician multispecialty group on the scenic bluffs overlooking the Mississippi River where Iowa, Illinois and Wisconsin meet. Excellent call schedule in this 17-member department of physician-owned clinic with its own HMO. Professional administration enables physicians to concentrate on the practice of medicine. Outstanding lifestyle, excellent income guarantee, complete benefits and ownership eligibility. Call or send CV to Denis Albright, Medical Associates Clinic, 1000 Langworthy, Dubuque, IA 52001; (800) 648-6868.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Internist, Chicago: Five BC internists with offices in northeast and northwest Chicago seeking sixth BE/BC internist. Broad clinical practice with teaching available, if desired. Call will be one-in-seven weekends. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Remember when ... Remember when life seemed a little less stressful and a whole lot more fulfilling? Begin again in the Land of Lincoln! We seek a caring, quality family practitioner to serve a draw population of 154,000, working part-time at an FP center and part-time at a rural health clinic. Gain professional and financial satisfaction while making your mark in this solid, Midwestern, family-oriented, safe, education-oriented, friendly community. \$140,000, incentive bonuses, paid benefits. Associate with 207-bed hospital positioned for growth and success well into the 21st Century! Call David Reeves for more information, (800) 235-6745.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Well-established cardiologist looking for a board-certified cardiologist willing to relocate to a busy, attractive area along the Mississippi River. Invasive and noninvasive practice. Partnership in two years. Send curriculum vitae and resume to Box 2272, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740; or fax (309) 685-1997.

Radiologist, DuPage County. Golf every afternoon. BC radiologist sought for part-time position (weekday mornings). Call and weekends negotiable. Community hospital, great working environment, good location, all modalities. Potential to expand into full-time position. Call or write G. Johnson, MD, GlenOaks Medical Center, 701 Winthrop, Glendale Heights, IL 60139; (708) 858-9700, ext. 3250; fax (708) 790-6995.

Quad Cities: Family practitioners needed for expanding group and hospital-affiliated practices throughout the greater Quad Cities area. Established call coverage, major medical center affiliation and competitive compensation package. For information on these and other opportunities, contact Mike Krier at (800) 243-4353.

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353, or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Situations Wanted

Certified gynecologist/family practice, seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 296-9999. The coffee's bad, but the experience is heartwarming.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified nurses' aide looking to work for doctors - for example, checking on patients and taking messages. Part-time, flexible hours. Call Olivia at (312) 536-1329.

U.S.-trained Illinois physician seeks primary care, home care or nursing home position in Chicago area. Page, (708) 817-5636.

Board-certified general surgeon, experienced in gastrointestinal endoscopy, seeking a position. Please send replies to Box 2269, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking; walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Medical building for sale in Rockford, has five examining rooms, X-ray and lab, reception and waiting room - \$186,000. Please call (815) 626-4036.

Decatur: Physician office for rent-lease, 1,675 square feet. All utilities furnished. Ample off-street parking. Suitable for one to two physicians. Available Jan. 1 - 1063 W. Main St., Decatur, IL 62522; (217) 423-0078.

Downtown Chicago: For lease, 2,244-square-foot area. Close to Loop and major medical centers. Built out for physician's office. Secure building. Adjacent parking. Call (312) 829-1424.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week winter season, \$365 off-season. (608) 231-1003.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Miscellaneous

Medical billing service. Claims being returned because of errors, causing long waits to be paid? We can get your money to you faster. DEBS will submit your claims electronically. For more information, call (800) 676-7081.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Concerned about critical patient follow-up? Computerized monitoring service provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relationships, patient safety, and it could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Improve your cash flow and profitability. Submit your claims electronically and receive reimbursements in two weeks. Certified electronic claims professional. Full-service billing, including electronic claim processing, primary/secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Services Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements - \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Available to Illinois State Medical Society members from Deutsch Luggage: Special low prices on quality brand-name luggage, business cases and corporate gifts. Call Ken Levine at (312) 939-2935 or fax (312) 939-2353 for catalogs. Deutsch Luggage, four locations: 39 W. Van Buren and 40 W. Lake St., Chicago; Skokie; and Oak Brook.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

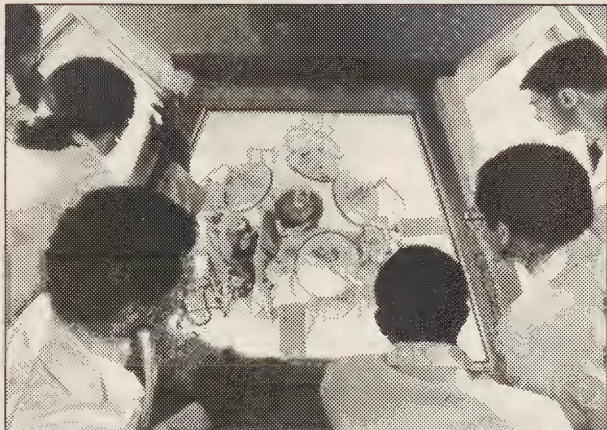
"Fourth Annual Neurology for Primary Care Physicians," May 19-20, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 8255 NW 16th St., Miami, FL 33166; or call (305) 591-1935.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro©, (305) 596-3135.

AN ARMY SCHOLARSHIP COULD HELP YOU THROUGH MEDICAL SCHOOL



The U.S. Army Health Professions Scholarship Program offers a unique opportunity for financial support to medical or osteopathy students. Financial support includes tuition, books, and other expenses required in a particular course.

For information concerning eligibility, pay, service obligation and application procedure, contact the Army Medical Department Personnel Counselor:

Call Collect Cpt. Paul Wuerdeman
(708) 541-3411

ARMY MEDICINE. BE ALL YOU CAN BE.®

ISMS referral service

(Continued from page 1)

program successful," Dr. Hoffmann explained. The committee worked hard to ensure that the consultants in the referral service are well-qualified in areas of particular concern for physicians, he added.

ONCE THE PROGRAM is fully operational, physicians can obtain referrals to consultants who can help them with such challenges as streamlining their office procedures, determining whether their practice complies with Occupational Safety and Health Administration standards, reducing overhead expenses and reconfiguring office space. Member doctors may access the referral service by calling the Society's toll-free action line at (800) MD-ASIST. The service will supply the names of two or three consultants with expertise in the physician's area of need. A one-page description of each consultant's background will also be provided to help physicians choose a consultant. Doctors are responsible for negotiating

the terms of contracts and paying consultant fees.

To obtain feedback about the program and the consultants used, ISMS will make follow-up contacts with members who use the service, said Dr. Hoffmann. In determining which consultants remain in the program, ISMS will rely heavily on member evaluations. Dr. Hoffmann urged members who use the service to provide feedback to ISMS after they select a consultant.

A similar program – the Lawyer Referral Network – was implemented last year to help members select attorneys who can best address their legal concerns, Dr. Roman said. The Lawyer Referral Network and the Consultant Referral Service were established in response to member physician requests, he added.

The Lawyer Referral Network can also be accessed through the (800) MD-ASIST action line. The line is staffed Monday through Friday from 8:30 a.m. to 4:45 p.m. Physicians with questions unrelated to managed care are encouraged to call ISMS at (312) 782-1654 or (800) 782-ISMS. ■

Questions, physicians have questions

Consultants participating in the new ISMS Consultant Referral Service will be able to help physicians manage their medical practices more efficiently and make any necessary changes, including changes related to managed care. The following are some questions the consultants can help physicians answer:

1. How can I make the necessary operational changes to accommodate managed care?
2. Is my practice well-positioned within the market to compete successfully with other highly regarded practices?
3. What's the financial value of my practice?
4. How can I reduce overhead expenses?
5. What is my average cost per patient?
6. Am I billing for all services rendered and receiving payments for services billed?
7. What is an acceptable level of financial risk for me in signing a risk-based contract?
8. Does my compensation accurately reflect the different contributions of the partners in my group?
9. Does my management software meet my needs?
10. Does my practice comply with Occupational Safety and Health Administration standards?

Lawsuits mount against managed care plan trustees

[WASHINGTON] Managed care plan administrators and trustees have become the targets of fiduciary liability lawsuits filed by dissatisfied employees, according to a story in National Underwriter.

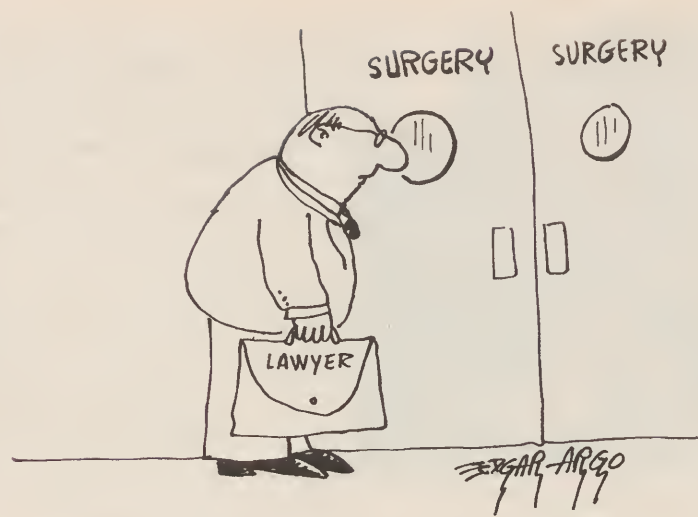
Plaintiffs in several recent court cases were able to show that plan trustees did not adequately investigate the qualifications of health care providers or insurance company employees, such as claims processors, before signing contracts with the insurers, said Gerald Feder, a Washington, D.C., lawyer who specializes in employee benefits.

It is becoming more important for plan administrators to examine a provider's qualifications thoroughly before that provider gains access to employees, Feder told attendees of the

40th annual conference of the International Foundation of Employee Benefits Plans. He noted that the Employee Retirement Income Security Act of 1974 mandates that trustees "continually monitor" the performance of health care providers.

In addition, the trustees of a health plan have a fiduciary duty to see that charges are not too high, care is adequate and benefits are provided according to the contract and the plan, Feder said in the National Underwriter story.

To fulfill their fiduciary duties, administrators and trustees should seek the advice of managed care consultants on issues like cost savings. Hiring independent contractors to create credentialing standards and procedures is another method of oversight, Feder noted. ■



YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

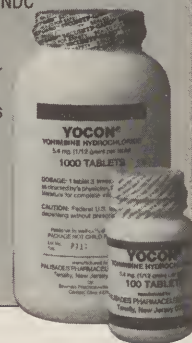
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Push for caps

(Continued from page 1)

truth," said ISMS President Alan M. Roman, MD. "Broad-based civil justice reform is absolutely necessary to restore balance to a legal system that has blurred the distinction between a lawsuit and a lottery ticket. Caps on noneconomic awards will limit the impact of uncertain liability on all aspects of society, including industry, business and medicine. It is our patients who will be the biggest benefactors."

During a Jan. 16 press conference at the office of U.S. Rep. Luis Gutierrez (D-Chicago), the Campaign to Protect Consumer Rights also released an internally conducted survey showing Chicago's Latino voters' opposition to tort reform. "The [pending] medical malpractice legislation will put the citizens and taxpayers of Illinois in critical condition," said Gutierrez, who joined the campaign in releasing the poll. "While such proposals might be good for the profits of the insurance companies, toxic polluters and medical industry, they will do nothing but harm the average citizen in Illinois, especially those in the 4th District."

But anti-cap arguments were strongly rebutted by ISMS physician spokespeople who attended the event. ISMS mem-

increase in the number of closed malpractice claims between 1980 and 1992. Only 620 claims closed in 1980, but 3,494 claims closed in 1992. Over that 12-year period, nearly 75 percent of the total 29,055 claims closed had no indemnity payments. The total payment for claims with indemnity was a whopping \$1.6 billion, with 50 percent paid from 1989 to 1992.

ISMIE statistics, too, underscore the impact of today's legal lottery mentality. Since ISMIE's inception in 1976, 37 percent of all its insureds have been sued at least once. In addition, last year, ISMIE incurred more than \$51 million in legal fees and other expenses to defend physicians against those claims, most of which were unfounded.

In addition to the out-of-control number of claims and related costs, the practice of defensive medicine has also necessarily increased. Defensive tests and procedures cost Americans some \$25 billion each year, according to a 1993 study by the health care consulting firm Lewin-VHI. More than half the respondents in a 1987 ISMS member survey said they had stopped performing risky medical procedures. Eight percent of respondents said they moved their practices or stopped practicing medicine to avoid litigation.

The current civil justice system, with its unlimited jury awards, has not helped physicians or patients. Rather, it has increased malpractice insurance costs and health care costs and decreased access to care. In Illinois' 27 southernmost counties, 66 percent of physicians who provided obstetrical care 10 years ago no longer do so, and most have not been replaced, according to a 1991 Southern Illinois University study.

Every Illinois resident is paying \$1,200 annually as a direct result of the liability problem in Illinois, said Edward Murnane, president of the Illinois Civil Justice League. ISMS is a founding member of the league — a coalition of entrepreneurs, businesses, local governments, associations and nonprofit organizations working to achieve caps on noneconomic awards. "[Tort reform] will benefit all citizens, whether they are taxpayers, consumers, recipients or payers of health care," Murnane added that economic awards will always be necessary: "We're all potential victims, and we don't want to deprive anyone of the right to recover their losses." However, the system must be balanced, he stressed. "It's not intended to make people rich. All the money in the world isn't going to restore good health."

ISMS continues to endorse the unlimited recovery of economic losses, including lost wages, lifetime medical expenses due to injury and the cost of services and equipment needed to overcome the injury. The Society also believes such recovery may be coupled with noneconomic awards as long as the latter is limited.

Physician input about the need for caps is crucial to passage of a limit on noneconomic awards in malpractice suits. For background information on why caps are critical, call ISMS at (800) 782-ISMS or (312) 782-1654. Then call or write your state representative and senator. Or clip the guest editorial on page 5 and send it — along with a letter outlining your personal views — to your legislators. They are eager to hear from you and want to know why patients and all Illinoisans need a law capping noneconomic awards. ■

Less than half of all the money that goes into the legal system ever comes out to benefit truly injured patients.

bers Eloy Moscoso, MD, Aldo Pedros, MD, and Pedro Poma, MD, expressed great disappointment at Gutierrez' decision to side with plaintiff lawyers against a cap on noneconomic awards. They said his stand will weaken efforts to expand access to medical care for people in urban areas. "Less than half of all the money that goes into the legal system ever comes out to benefit truly injured patients," said Dr. Moscoso. "Stopping the waste would leave more resources available to care for people in need."

The physicians also emphasized that all reform proposals would preserve the rights of those individuals who are truly harmed. "We must protect access to appropriate compensation for patients who are injured," said Dr. Moscoso. "Reform would merely put a reasonable limit on intangible, noneconomic damages, which are growing out of control."

Because of aggressive efforts to distort the facts substantiating a cap, physicians must become even more actively involved. A cap victory is not assured, even with the support of such tort reform advocates as Sen. President Pate Philip (R-Wood Dale), House Speaker Lee Daniels (R-Addison) and Gov. Jim Edgar, said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors.

Making the case for caps are statistics from the Illinois Department of Insurance's 1994 Medical Malpractice Claims Study. In 1992, 80 percent of patients claiming to have suffered malpractice failed to prove their cases and did not receive compensation.

The same survey showed a substantial

Myths and facts

Recent media coverage has included myths perpetuated by anti-cap forces. The following are some of those myths and the facts:

Myth: A cap would not affect frivolous lawsuits.

✓ **Fact:** A cap would not differentiate between frivolous and meritorious lawsuits. But with a cap in place, fewer people would file frivolous claims because there would be less financial incentive.

Frivolous lawsuits are a serious problem, though. Of ISMIE insureds, 1,640 physicians have been subjected to three or more claims of malpractice, all of which proved to be unfounded and closed without any indemnity. And none of those 1,640 physicians has had a claim resulting in a finding of negligence or any award payment.

More than 80 percent of the claims closed in Illinois in 1992 had no indemnity payment, according to a 1994 study by the Illinois Department of Insurance. However, the average payment to defense counsel on those claims without indemnity was \$10,705.

Myth: A cap would protect drunk drivers, bad doctors and bad businesses.

✓ **Fact:** A cap would not prevent people from suing for injuries. Economic damages would be fully recoverable, and only the noneconomic portion would be limited.

Myth: Awards would be limited to losses such as hospital bills and lost wages.

✓ **Fact:** Economic awards are more comprehensive and include past and future medical bills, past and future lost wages, funeral costs, psychological treatment, necessary housing changes, nursing home care, home care — all adjusted for inflation.

Myth: With a cap, few if any seriously injured people could so much as break even economically.

✓ **Fact:** Because economic awards are comprehensive, plaintiffs would at the very least break even economically. The noneconomic portions of awards are not intended to compensate plaintiffs for economic loss, so capping them would not affect recovery of economic loss in any way.

Myth: There would be no one to care for profoundly injured victims when the award money ran out.

✓ **Fact:** Economic awards would cover a plaintiff's entire life span and would provide financially for all care necessary.

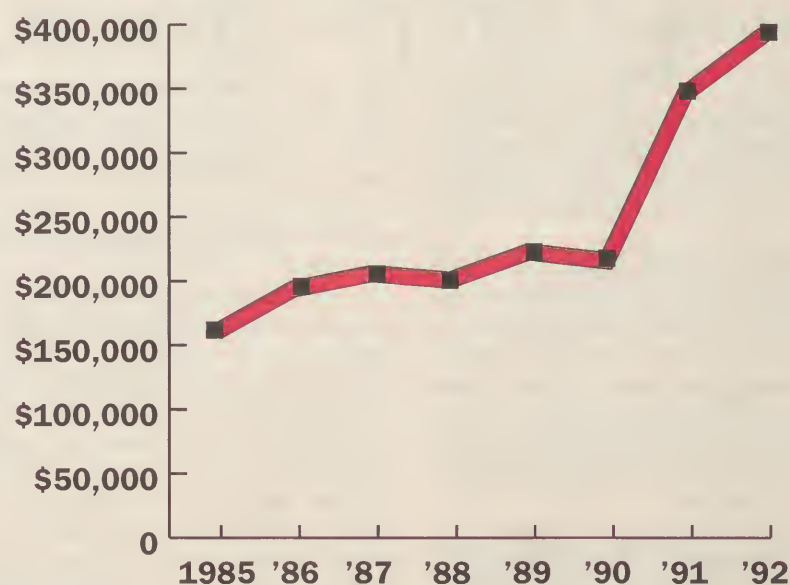
Myth: In the last decade the cost of medical care rose more in California than in Illinois even though California has a cap.

✓ **Fact:** From 1982 to 1993, the average Californian's health care costs increased by about 130 percent, while costs to the average Illinoisan jumped more than 150 percent, according to information from Families USA and the National Health Care Campaign and census data.

Myth: Victims who hold blue-collar jobs would be most harshly victimized by a cap.

✓ **Fact:** Blue-collar workers would still receive full compensation for economic loss. ■

Increase in average indemnity payments 1985-92



Source: Illinois Department of Insurance

Pro-caps ads

(Continued from page 1)

on noneconomic awards in civil suits, including malpractice cases. ISMS is a founding member of the league.

"The commercials that have been flooding the airwaves during the past few weeks are lies," said Edward Murnane, league president. "The personal injury trial lawyers, who are largely financing these commercials, are resorting to scare tactics and worse. They are lying when they talk about proposed reforms."

The lawyer-backed ads claim that tort reform legislation would deprive accident victims of recovery for their injuries. "For one thing, the legislation hasn't even been introduced yet, so they don't know what will be proposed," Murnane noted.

To counteract misinformation, on Jan. 19, the league began airing statewide radio ads that build the case for caps and call for an end to lawsuit abuse. As an example of such abuse, the ads refer to the \$2.9-million jury verdict awarded to a woman who burned herself when she spilled a cup of hot McDonald's coffee she was holding in her lap. The ads explain that legislation capping noneconomic awards would protect an individual's right to be compensated for legitimate injuries.

Those individuals who profit from the legal system are very fond of saying physicians are a special interest.

Physicians, in fact, do have a special interest – our patients.

The reform proposals supported by the league would not affect payment for medical costs, ongoing health care, past and future lost wages and other economic losses, Murnane said. A cap would limit only noneconomic awards. Murnane quoted the president of the Illinois State Bar Association as saying that noneconomic awards fund the cost of litigation.

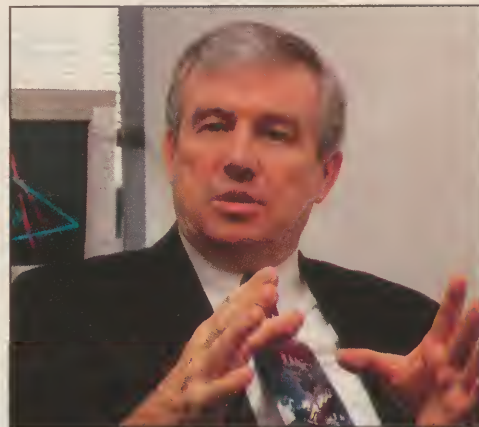
Dr. Roman underscored the importance of limiting the noneconomic portions of awards like those for pain and suffering. "Those individuals who profit from the legal system are very fond of saying physicians are a special interest," Dr. Roman said. "Physicians, in fact, do have a special interest – our patients."

Dr. Roman explained that lawsuit abuse is hurting patients by driving up the cost of health care services. "The average award in a malpractice case has doubled in Illinois within the last 10 years." And the frequency of claims filed doubled in that time period, he added. Some 80 percent of malpractice suits filed "are found to be groundless and without merit. These suits are extremely expensive to defend. And the fact is, the cost is passed directly to the consumer."

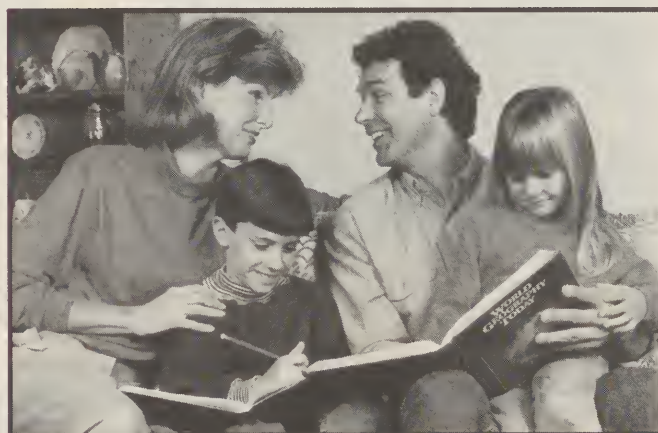
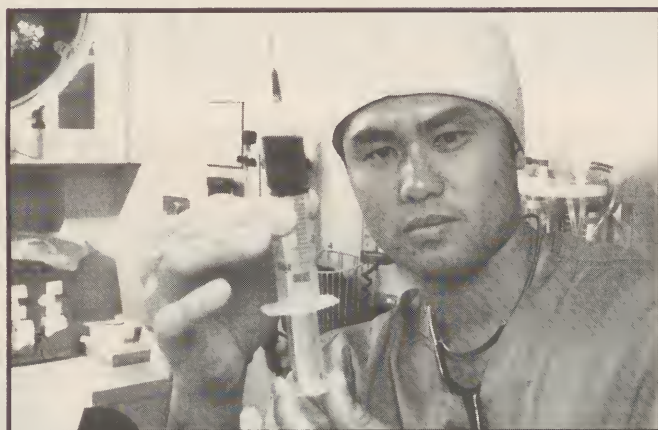
Practicing medicine in such an adverse legal climate increases the practice of defensive medicine and reduces access to care, Dr. Roman noted. "When the health care debate started, the public told us they wanted access, control of costs and preservation of quality. And we strongly believe that meaningful tort reform is going to accomplish all those things."

"But there isn't going to be effective health care reform without meaningful lawsuit reform, and [there will be] no meaningful lawsuit reform until we have a cap on those noneconomic awards that are glutting our system," he concluded. ■

The personal injury trial lawyers, who are largely financing these commercials, are resorting to scare tactics and worse. They are lying when they talk about proposed reforms.



Matt Ferguson



A Plan For All Seasons

Continuous Health Care Coverage From The PBT

Whether you have Individual or Group coverage, **The Physicians' Benefits Trust (PBT) Health Care Plans** stay with you through every stage of your career. Choose from among our full range of plans to provide the continuous health care coverage you need, whether you are just starting out, well-established in your practice, or looking forward to retirement. We offer the **quality, affordability and dependable service** Illinois physicians have come to depend on from the PBT. With the PBT you can have it all... for every season of your life.

Call for details
(800) 621-0748
(312) 541-2704

Ask about our other Plans too!

PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care Benefits
Long Term Disability
Term Life • Other Benefit Plans

“A patient who I
thought trusted me
sued me for malpractice.
Thank goodness I learned
to be as meticulous
with my **pen** as I was
with my scalpel.”



Poor record-keeping loses more cases than bad medicine. That's one reason why the Illinois State Medical Inter-Insurance Exchange offers intensive risk management and loss-prevention programs. They're part of what we call Physician-First Service. To help you survive in a litigious society, ISMIE arms you with what you need. Like seminars on improving documentation. Mock trial video tapes. And workshops tailored specifically for you and your staff. As your insurer, ISMIE protects you. But we also teach you to protect yourself.

Call 1-800-782-4767 for a Risk Management Resources brochure.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

Doctors'
responsibility to
their patients
doesn't end
with contract

PAGE 4

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • FEBRUARY 10 1995



Doctor to
a dictator

PAGE 10

ISMS members press for state cap

CONTACTS: Physicians use different approaches to talk to legislators about caps. BY MARY NOLAN

[CHICAGO] Physicians throughout Illinois have stepped up efforts to contact legislators about the need for a cap on noneconomic awards in medical malpractice suits. This campaign to reach lawmakers who will vote on tort reform legislation this session began intensifying last year before the state's primary and general elections.

Rockford internist Dennis Norem, MD, said he has persuaded his state legislators to support a cap on noneconomic damages and he is convinced that some type of cap will pass in the General Assembly this

year. As chairman of the Winnebago County Medical Society's legislation committee, Dr. Norem said he and other medical society members participated in the campaigns of several legislative candidates who ran for House and Senate seats. Their efforts paid off when several tort reform opponents were defeated in the November general election, he said. For example, new state Rep. Dave Winters (R-Rockford) beat then-incumbent Rep. Michael Rotello (D-Rockford). And Rep. Ron Wait (R-Belvidere) successfully ousted

(Continued on page 14)

ISMS board approves \$500,000 indexed cap for noneconomic damage awards

At its Jan. 28 meeting, the ISMS Board of Trustees agreed to ask the General Assembly to enact a cap of \$500,000, indexed to inflation, for noneconomic awards in all civil lawsuits, including medical malpractice. The board's decision was based on extensive conversations with state legislative leaders, who indicated that a cap set too low would jeopardize passage and risk reversal in the courts. Therefore, the board believes that a \$500,000 cap, indexed to inflation, stands the best chance of gaining legislative approval and surviving a constitutional challenge. Recommendation of a \$500,000 cap represents a realistic and final decision; ISMS will not agree to a higher-level cap. As Illinois Medicine went to press, a caps bill was being readied for imminent legislative introduction. Watch future issues for continuing coverage. ■

Hospitals move forward with MCCN

MEDICAID: A Chicago network plans to focus on public aid patients.

BY KATHLEEN FUREORE

[CHICAGO] Twelve Chicago hospitals have formed the Family Health Network in response to Gov. Jim Edgar's proposed reform plan to shift some 1.1 million Medicaid recipients into managed care networks, according to JoAnn Birdzell, network chairman and president and chief executive officer of network member St. Elizabeth's Hospital. FHN is a managed care community network - an HMO look-alike that will serve only Medicaid patients and will be governed and controlled by providers - designed to provide coverage and care for as many as 25,000 Medicaid recipients. The General Assembly proposed the formation of MCCNs, a concept included in the waiver that is currently awaiting approval from the U.S. Health Care Financing Administration.

Birdzell expressed confidence that HCFA will approve the waiver. "This is an opportunity for the state and HCFA to determine the effectiveness of provider-based networks delivering comprehensive services in a managed care environment. If we can deliver high-quality care and lower costs, why not?"

Network members "have looked at other strategic options" in case MCCNs aren't approved, but we think HCFA "supports the concept," said William Frederick Jr., the network's newly named chief executive officer.

"This is a very serious group of dedicated hospitals that have made a very conscious decision to stay in the city and serve their communities," Birdzell said. "These hospitals have been committed to providing high-quality, cost-effective care to the Medicaid population in the past. [The network] represents a push forward for Medicaid patients so we will always

(Continued on page 15)

Midwest Clinical Conference program highlights caps

STRATEGIES: Physicians discuss the need for grassroots efforts. BY MARY NOLAN

[CHICAGO] During a Jan. 20 seminar, members of ISMS' Health System Reform Committee called on area physicians to become actively involved in the fight for caps on noneconomic awards in civil cases, including medical malpractice suits. The committee members presented a program about caps and other elements of health system reform during the Chicago Medical Society's 1995 Annual Midwest Clinical Conference.

Urging physician involvement, ISMS President Alan M.



Dr. Hoffmann

legislators to advocate the need for caps. "Now is the time to start to turn up the burner, and [you can] expect in the coming weeks to see a tort reform initiative that will probably be unlike anything that we had before."

Establishing and maintaining

John Hoffmann, MD, suggested that doctors organize meetings and write and telephone their state

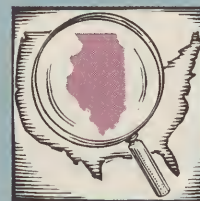
legislators to advocate the need for caps. "Now is the time to start to turn up the burner, and [you can] expect in the coming weeks to see a tort reform initiative that will probably be unlike anything that we had before."

ISMS members were involved in winning legislative cam-

(Continued on page 14)

INSIDE

OIG responds to
ISMS comments
on electronic
claims survey



PAGE 5

DEPARTMENTS

News Briefs.....2

Commentary.....6

ISMIE Update.....9

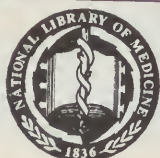
Classifieds.....12

Members
in the News.....14

ISMS PRESIDENT Alan M. Roman, MD (left), speaks about the need for caps at an Illinois Civil Justice League news conference Jan. 18 in Chicago. League President Edward Murnane unveiled a radio ad supporting a cap on noneconomic awards and refuted anti-cap ads funded largely by plaintiff lawyers. ISMS is a founding member of the league, whose other members include consumers, businesses, government agencies and nonprofit organizations.



Matt Ferguson



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Delta bans smoking on international flights

[CHICAGO] Effective Jan. 1, Delta Airlines banned smoking on all its international flights, making it the first U.S. airline to institute such a policy. Previously, Delta had prohibited smoking only on domestic flights.

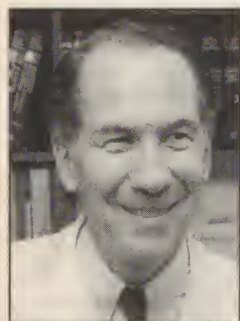
To gauge customer support for a smoking ban, Delta conducted surveys on its international flights in late August and early September of 1994. The 4,200 responses revealed overwhelming support for a smoke-free environment, said Delta officials. Surveys were available in English, Chinese, Korean and Japanese. Customer input was also obtained from focus groups, which yielded similar anti-smoking feedback.

Physicians, too, support smoking prohibitions on international flights. At the 1994 ISMS Annual Meeting, the House of Delegates passed a resolution calling on the AMA to urge appropriate government entities to establish regulations banning smoking on international flights. ISMS wrote letters to airlines urging a ban on smoking on such flights. ■

U of C cancer center garners NCI grant

[CHICAGO] The Cancer Research Center of the University of Chicago Medical Center has received a four-year grant from the National Cancer Institute. The grant, totaling almost \$1.6 million, will fund the development of a multidisciplinary breast cancer research program that will be directed by Samuel Hellman, MD, a renowned breast cancer authority.

"The program will build on existing research and clinical strengths," Dr. Hellman said. In addition, the breast cancer project will serve as an umbrella



Dr. Hellman

for existing breast cancer-related research activities involving more than 25 current faculty members, as well as projects conducted by new recruits, he explained. U of C researchers have made discoveries about the role of hormones in breast cancer, developed animal models of the disease, designed and tested diagnostic tools for breast cancer and contributed to understanding the genetics of malignant disease, Dr. Hellman noted.

The NCI grant money will support three pilot projects each year, according to information from the U of C. In the first year, funding will cover clinical tests of a computer-assisted mammography system to detect subtle abnormalities, research on genetic alterations in breast tumor cells and the development of new approaches to magnetic resonance imaging to help physicians better diagnose and treat the disease.

The grant will also be used to inform people in underserved areas about early detection and treatment of breast cancer. ■

ISMS council reviews termination and due process in managed care

ISMS' 15-member Medical Legal Council directs most of its energies at monitoring legal developments that affect the practice of medicine. The council develops educational materials, assesses legal trends and serves as a liaison to the Illinois State Bar Association.

Over the past few years, one of the council's most comprehensive projects was compiling the ISMS Medical Legal Guidelines, a document identifying the medical-legal questions most commonly asked by ISMS member physicians, said council chairman Clair Callan, MD, of Abbott Park. The Medical Legal Guidelines were designed to interpret the legal jargon in Illinois' statutes. The council developed the information as a resource to enable ISMS staff to advise physicians, said Dr. Callan.

The guidelines explain state laws as they relate to the medical community. For example, the guidelines address the intricacies of the statutes related to living wills and durable power of

attorney for health care, Dr. Callan noted.

By participating in council projects, Dr. Callan has learned about ISMS as an organization and, more importantly, the many legal issues

physicians face in their daily practice, she explained. The council's activities are geared toward protecting physicians and their practices, as well as ensuring that patients receive the best options for quality care.

Capping her tenure as council chairman this year, Dr. Callan is leading the council in a review of due process in managed care. Specifically, the council is continuing to explore the termination of physician-patient relationships in managed care, she said. "[Termination] has become unclear when it comes to defining and communicating the physician's and patient's options and rights."

Through the review, council members hope to outline proper procedures for such terminations, Dr. Callan noted. There are some "ethical issues involved in the concept of managed

care, and that is what we've been struggling with as a group," said William Holt, MD, a council member from Quincy. Physicians must understand the responsibility of finding a substitute doctor to provide service if their contract with a managed care plan is terminated, Dr. Holt said. If physicians do not fulfill that responsibility, they could be "seen as abandoning their patients," he added.

The challenging issues the council tackles, like those related to managed care, make serving on the council fascinating, said Dr. Holt, who has been a council member for nearly two years. He believes his participation has helped him in his practice. "The issues that we discuss are the same as the problems on the local level." The council's work is especially important given the rapid changes occurring in medical practice, he added.

Council member Lorris Bowers, MD, of Peoria, compared the council's role to that of a grassroots think tank. Physicians on the council present the viewpoints of the doctors back home, he explained. ■

Psychiatric patients can go home at night

[CHICAGO] Some people with chronic psychiatric illnesses will be able to receive hospital treatment during the

day and return home at night through a program created by a Chicago hospital and a psychiatric rehabilitation agency. The program is called the Saint Joseph Partial Hospitalization Program at Thresholds.

Physicians at Saint Joseph Health Cen-

ters and Hospital can refer appropriate patients to Thresholds for what hospital officials describe as an intensive five-day-a-week program that emphasizes psychosocial rehabilitation, group therapy and individual case management. Patients who complete the program also have access to other Thresholds services aimed at helping patients resume productive lives and preventing unnecessary hospitalization. Thresholds is a nonprofit agency that provides psychiatric rehabilitation to about 2,900 patients from Chicago and northern Illinois each year.

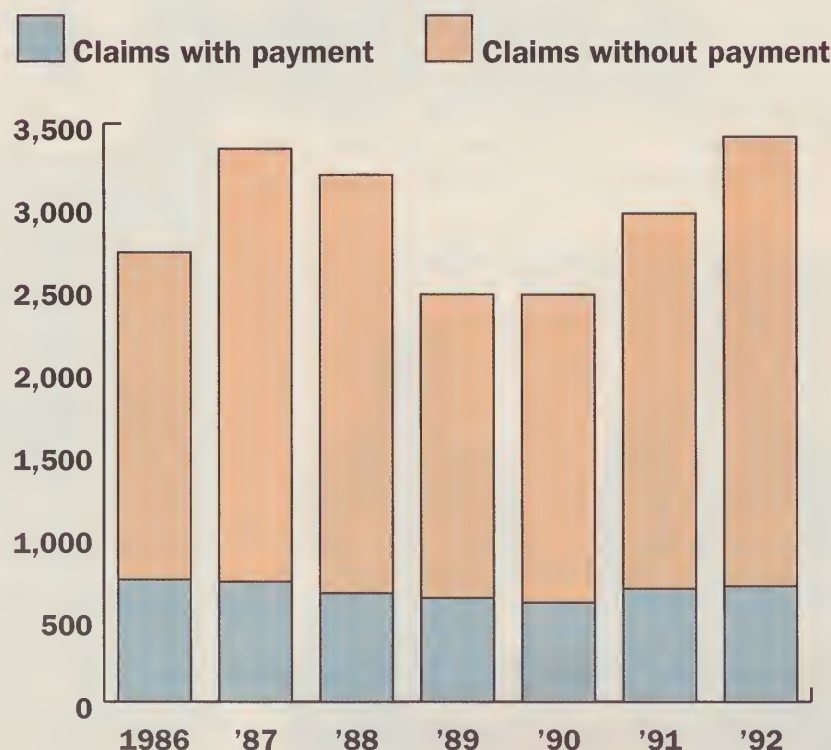
The program enables patients to be reassimilated into home and family life while they receive appropriate clinical care, said a hospital news release.

Insurers, managed care programs and Medicare prefer partial hospitalization programs because they are less expensive and help reduce the length of stay in inpatient programs, hospital officials said.

Jerry Dincin, MD, the executive director of Thresholds, called the team approach between Thresholds and the hospital a "mutually beneficial partnership" and a "perfect complementary match." ■

PHYSICIAN FACTS

Total number of malpractice claims closed in Illinois



Source: Illinois Department of Insurance, 1994 Medical Malpractice Claims Study

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Neurosurgeons remove gorilla's brain tumor

[MAYWOOD] Physicians from Loyola University Medical Center and veterinarians from the Brookfield Zoo worked together in December to remove a benign brain tumor from a 9-year-old, 250-pound Western Lowland gorilla named Chicory. Western Lowland gorillas are an endangered species.

The operation marked the first time neurosurgeons have performed microsurgery on a gorilla's brain, according to Loyola officials. The surgical team was led by Douglas Anderson, MD, a Loyola neurosurgeon. He collaborated with several neurosurgeons, veterinarians and neuroanesthesiologists to conduct the 14-hour operation. "The surgery was similar to one performed on humans," Dr. Anderson explained.

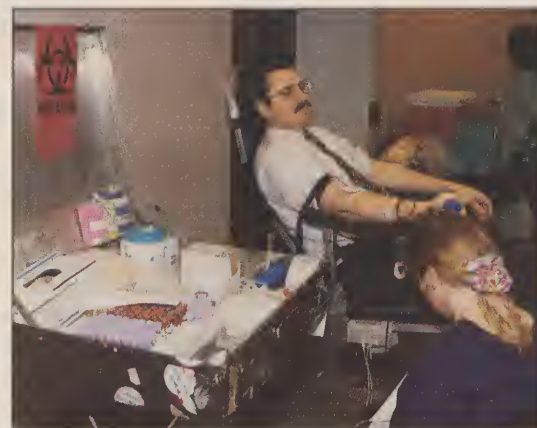
The Loyola physicians first came in contact with Chicory after consulting with zoo veterinarians about apparent seizures the gorilla was experiencing. In February 1994, Chicory began exhibiting occasional balance-related problems, muscular weakness, shakiness, malaise and a lack of appetite. The spells worsened in early December, and Madeleine Grigg-Damberger, MD, a Loyola neurologist, recommended an MRI of the gorilla's brain. The scan revealed a tumor. "The physiology and structure of a gorilla's brain are not all that different from a human brain," Dr. Anderson noted.

la's brain are not all that different from a human brain," Dr. Anderson noted.

During surgery, precautions were taken to minimize risks to the gorilla. The operation was completed in a specially equipped support facility that is not used for human patients, according to Loyola officials.

The gorilla's prognosis is good, Dr. Anderson said. And once Chicory recovers fully, zoo officials expect him to assume a leadership role in the zoo's gorilla family. The normal life span of a gorilla in captivity is 40 to 45 years. Chicory arrived at the Brookfield Zoo six years ago on loan from the Audubon Park and Zoological Gardens in New Orleans. ■

NURSE Laura Panknin (lower right) monitors Joseph Dysco while he donates blood during a recent blood drive at Northwestern Memorial Hospital. The event was held last month in response to a severe blood shortage in the Chicago area.



Amy Rothblatt

Psychiatrists distribute fact sheet on violence

[WASHINGTON] The American Psychiatric Association is working to dispel the misperception that people with mental illnesses are more likely than others to be violent. In its new fact sheet for the public, the APA states that the overwhelming majority of people with mental illnesses, even those with severe disorders, are not more prone to violence because of their illnesses. Conversely, the vast majority of people who are violent do not suffer from mental illnesses, according to the fact sheet.

"A certain small subgroup of people with severe and persistent mental illnesses" are at risk of becoming violent, the fact sheet said. But those individuals have neurological impairments and psychoses.

Such neurological impairments usually are caused by diseases like Huntington's chorea or head injuries. A psychosis is typically manifested by delusions, hallucinations, disorganized speech or disorganized or catatonic behavior. Psychosis often stems from schizophrenia, which may affect as many as one in every 100 people. The fact sheet cites a 1983 government survey showing that schizophrenics were almost nine times more likely than the general population to have hit their partner or fought with others in the previous year.

The APA emphasizes that people with schizophrenia and other severe mental illnesses are no more dangerous than the general population as long as they take their medications as directed by their physician.

One free fact sheet is available on written request, and bulk copies cost \$18 for 25. To order, send a check or money order to APA/Division of Public Affairs, Dept. VF, 1400 K St. N.W., Washington, DC 20005. For more information, call (202) 682-6324. ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ILLINOIS MEDICARE PART B HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are geographic areas which are determined to be under-served by physicians. The determination of an under-served area is made by the Office of Shortage Designation of the U.S. Public Health Service (PHS). HPSAs may be located in rural counties and be designated by township names or may be located in urban counties and be designated by a series of one or more census tract numbers.

Medicare makes an incentive payment of an additional 10 percent for physician services provided in a HPSA geographical area. This incentive is paid to the physician quarterly and is based on the amount of Medicare payments (not approved charges) made under the physician's provider number for services performed in a HPSA. A physician does not have to be a participating provider, nor does the claim have to be assigned, for the HPSA incentive to apply.

Providers of service eligible for HPSA incentive payments include medical doctors; doctors of osteopathy; dentists; doctors of podiatric medicine; licensed chiropractors; and optometrists. HPSA incentives are paid solely on the basis of the address where the service is rendered. Incentives are not paid based on the location of the physician's office or on the address of the beneficiary. A HPSA classification does not travel with the physician. For example:

A physician may have an office which is located in a HPSA. Because of this, covered services performed in that office would be eligible for the HPSA incentive payment. However, if the same physician treats patients in a hospital which is not located in a HPSA, services provided in that hospital would not be eligible for the HPSA incentive payment.

Also, a physician may be treating a member of an under-served population group, but the service is only eligible for the Medicare HPSA incentive if it takes place within the HPSA geographical area. Physicians should indicate that a service was rendered in a HPSA by the use of one of the two modifiers listed below with the appropriate procedure code. If the modifier is not billed, the carrier will not automatically add it to the claim submission.

QB --- Physician providing services in a rural HPSA
QU --- Physician providing services in an urban HPSA

To verify that a physician is providing services in a designated HPSA, please write to Medicare B at the address listed below. Please give the exact address where services are rendered.

Medicare Part B (Monitoring Unit)
P.O. Box 996
Marion, IL 62959

The designation of health professional shortage areas (HPSAs) is regularly updated.

A new referral service is here!

ISMS members can now receive immediate referrals to health care consultants with expertise in practice management. The new ISMS Consultant Referral Service was designed to help member physicians obtain the information they need to respond proactively to the changing health care marketplace.

Participating consultants were carefully screened to ensure they have a strong background in areas of concern to Illinois physicians. All applicants completed in-depth questionnaires and provided references.

Through the service, physicians can be matched with consultants who can advise them in such areas as accounting, actuarial analysis, strategic and financial planning, practice and asset valuation, business development, compensation, contracts and negotiation, information systems, human resources and public relations.

The Consultant Referral Service joins the Lawyer Referral Network on ISMS' growing menu of member benefits. Members can access the Consultant Referral Service by calling the Society's toll-free action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. The service will provide the names of two or three consultants with qualifications to match the member's needs. A one-page description of the consultants' backgrounds will also be supplied. Physicians are responsible for negotiating contract terms and paying consultants' fees.

The Society will follow up with doctors who use the service, so that decisions about which consultants remain in the service can be based on physician input. Members are encouraged to call ISMS after they select a consultant. ■

Doctors' responsibility to their patients doesn't end with contract

TERMINATION: Physicians must consider the effects on patients. BY KATHLEEN FURORE

[CHICAGO] Physician-patient relationships are established outside of contractual agreements, so they aren't automatically severed when contracts end, according to health care attorneys. "It is important for physicians to understand that termination of a contractual relationship with a managed care entity does not terminate their relationship with or responsibility to their patients," said Judee Gallagher, a Chicago attorney in private practice and a participant in ISMS' Lawyer Referral Network.

Physicians' responsibility for continuity of care is often addressed in managed care contracts, noted Henry Wolfson, an attorney at the Springfield firm Peterson & Ross and a Lawyer Referral Network participant. "Some contracts specify a period of time that a physician must continue to serve patients under his care; some focus on the treatment necessary for the patient's specific condition."

Physicians should ensure that contingencies regarding payment for those patients are covered in contract negotiations, he said. "You have to make sure you're going to be paid for services you provide subsequent to termination. Say you are going to see a patient for 30 days after you leave the plan. How are you going to be paid? Whom are you going to bill? And what rates are you going to charge — those specified in the agreement with the managed care organization or your usual and customary rates?"

Physicians who are leaving capitated plans should ensure that they can charge their own fee-for-service rates for post-termination care the plan requires them to give enrollees, Gallagher recommended. Since the sickest patients see their physicians more and have more of an established relationship, doctors could end up treating primarily very sick patients, she said. "You'll be left with a vastly

MANAGED CARE

decreased capitated payment, which could be a financial disaster."

Patients, too, could be put at risk when their physicians are terminated from managed care plans. "Managed care companies are increasingly emphasizing that physicians follow [the company's] terms, which may not be in the best interest of the patient," said an ISMS Medical Legal Council report to the Board of Trustees. In particular, some contracts infringe on physician-patient communication, the report said.

"Some [contract] language is very strong in prohibiting physician-patient communication at the time of termination," Gallagher explained. "Managed care plans are saying, 'This is our roster, and these enrollees are our major asset.' The HMO doesn't want doctors to be able to give patients the option to transfer to another plan in which they participate. But physicians are saying, 'Wait. These are our patients, and we have the right to tell them where we are.'"

PHYSICIANS SHOULD ALSO consider plan policies regarding member transfers. "You want to make sure there can't be any transfer of members enrolled with you prior to the effective date of termination," Gallagher cautioned. "Say you give notice on July 1 that you're terminating your contract effective Jan. 1. Then, all of a sudden, your patients start receiving HMO letters in August saying that as of Sept. 1, they have a choice of transferring care to ABC Medical Group. And your patients start transferring. [Managed care plans] say they won't do it, but I've had an HMO do it to me."

Without such assurance written into

the contract, providers risk losing patients before the effective termination date and could end up with a majority of unhealthy patients who probably won't transfer to another physician until they have to, she added.

Whatever the financial risk, physicians bear the ultimate responsibility for their patients. The physician-patient relationship supersedes any contractual relationship, the Medical Legal Council report stressed. "It is always inappropriate for a physician to abandon a patient," said Ed Bryant, an attorney with Chicago-based Gardner Carton & Douglas and an ISMS Lawyer Referral Network participant. "Whether a managed care contract is canceled or expires, a physician always has the ethical obligation to see that patients they can no longer treat get into the hands of a doctor who is professionally competent."

Although employers usually notify their employees of a change in coverage status, physicians should review a list of plan providers to make sure qualified doctors are available to treat their patients, Bryant suggested. In addition, physicians "must understand the responsibility of finding a substitute physician to render care should the contract be terminated," the Medical Legal Council report added.

Doctor-patient relationships must be terminated according to the physician's standard of care, Gallagher advised. "I always say physicians should give patients 30-days' written notice if they're terminating the relationship, to avoid being accused of abandonment of care, which is a negligent action. And if a patient in active treatment wants to end the relationship, physicians should notify that patient of ongoing care [he or she] needs."

OWNERSHIP OF PATIENT RECORDS upon termination is another contract consideration. The simple answer about who owns patient records is that they belong to the physician, Wolfson said.

But individual circumstances can also dictate ownership, Bryant said. "In the case of an institution's records, the institution owns them. And in a staff-model HMO in which the HMO employs physicians, the HMO owns the records," he explained. "But in an IPA or group model, the records are owned by the patient."

Such inconsistencies underscore the need for physicians to seek legal counsel regarding their individual situation. ISMS members can receive an immediate referral to an attorney specializing in health care contract issues by contacting the Society's Lawyer Referral Network at (800) MD-ASIST.

To minimize the risk of malpractice suits, physicians should be prepared to deal with complex contract termination issues, Bryant said. "Doctors could find themselves in a lose-lose situation. Unless the patient opts to stay with the physician, he's lost the account."

Physician-patient communication is crucial when a managed care contract ends, Bryant noted. "Bedside manner, as much as the law, has a direct bearing on risk management." ■

What do you get when you cross a physician with JSA Healthcare Corporation?



No administrative headaches and more of Ashley's giggles.

JSA Healthcare Corporation announces the opening of another successful "one-stop" Family Health Center. We are currently seeking a

Medical Director
for our new
Waukegan, Illinois
location scheduled to open
June 1, 1995

As Medical Director, you'll work approximately 40 hours a week treating HMO beneficiaries, with limited phone calls and limited hospital responsibilities. We're offering an above-average starting salary, plus a \$5,000 sign-on bonus, and full benefits including paid health, life, CME, malpractice and more — including our lucrative profit-sharing plan.

It's a remarkable career opportunity, with the comfort, security and sophisticated lifestyle unique to Chicago's northern suburbs. JSA offers the most rewarding careers among managed care organizations, seeking only the top physicians and compensating accordingly — because our patients deserve the best, and so do you.

We also have opportunities for Staff Physicians at our new Waukegan site with correspondingly generous compensation and benefits, as well as

positions at our established Kenosha, Wisconsin, Family Health Center serving the beneficiaries of Kenosha Health Care Partners.

Ranked in 1990 by Inc. 500 as one of the nation's fastest growing privately held companies, JSA is leading the way in managed care. At JSA, you'll enjoy practicing primary care medicine in a supportive environment that allows you to spend your time where it counts: with your patients — and with your family.

The bottom line: We manage the business, so you don't get gridlocked with administrative headaches. Giving you the time you deserve to spend with your family and in your own recreational pursuits.

If you're a board-certified or board-prepared practicing physician specializing in either family practice or internal medicine, with Illinois or Wisconsin licensure, you'll find JSA a worthy partner. For more information, please call Susan Bray or Susan Mamakos, JSA Healthcare Corporation, 5565 Sterrett Place, Suite 200, Columbia, MD 21044. Phone (800) 966-2811; Fax (410) 964-0598. EOE.

JSA HEALTHCARE CORPORATION
PARTNERS IN GREAT MEDICINE

OIG responds to ISMS comments on electronic claims survey

ADVOCACY: The Society questioned the threatening tone of a government letter to physicians. BY KATHLEEN FUREORE

[CHICAGO] In a January response to an ISMS letter, the U.S. Office of Inspector General apologized for any misunderstandings that may have been caused by the cover letter the government sent with a physician survey regarding electronic claims submissions. Some Illinois physicians who submit Medicare Part B claims were among a group of randomly chosen providers nationwide who received the questionnaire asking about their attitudes on submitting claims electronically. The survey also asked whether respondents believe the Medicare Part B carrier has provided them with adequate data about the benefits of electronic claims submission and whether they would like to begin submitting Medicare claims electronically.

ISMS did not question the survey itself. But in a letter to the U.S. Department of Health and Human Services, the Society outlined concerns about the survey's cover letter, which threatened physicians with an on-site review for failure to respond, explained ISMS Board Chairman Ronald G. Welch, MD.

According to the cover letter, the OIG is reviewing the economy and efficiency of claims processing and reimbursement systems for Medicare and may use the

survey responses to recommend improvements. "Because we are using a statistical sample of medical providers, it's essential that we receive a response from all selected [physicians] to ensure that information collected is representative of the entire provider community. Those providers not responding may be selected for on-site review," the letter said.

The letter's "onerous tone" was inappropriate and offensive to physicians, Dr. Welch said. "We don't question the need for getting the data but simply the way the message was stated."

"Asking for participation via a threat is not an appropriate manner to obtain compliance," Dr. Welch wrote in the ISMS letter to HHS. "This certainly seems to place the party asking for the information in the most unfavorable light possible. Physicians who have received this communication are justifiably upset. I strongly urge you to reconsider this approach."

Dr. Welch added that the OIG's cover letter also implied a threat. "Physicians were being asked why they weren't using the electronic billing service. So [some physicians] without computers thought, 'If I don't get a computer system and do computer billing, I'll have the Inspector

General after me.'"

"We have reviewed the text of our letter and agree that it could have better explained the purpose of any possible follow-up contacts; [it was meant] only to obtain input on the questionnaire items regarding nonparticipation in Medicare's electronic billing program," said Thomas Roslewicz, deputy inspector general for audit services, in the OIG letter to Dr. Welch. "A threatening tone or connotation was not intended, and we apologize if it was interpreted that way by any of your members."

The on-site reviews referred to in the letter were actually proposed OIG staff visits aimed at obtaining answers to the questionnaires, not reviewing medical records, said Frank Polasek, the OIG's regional audit manager in Chicago. "We looked at it as a normal follow-up procedure. It wasn't intended to be a threat," he added.

He noted that at the time the questionnaire was mailed, 66 of the Illinois physicians surveyed did not use electronic claims, and 103 physicians did. Since the survey size was so small, responses from all physicians surveyed were needed to make valid observations, Polasek explained. "The survey was meant to be harmless. We wanted to get physicians'

input. Then we were making contacts if a physician didn't respond, so we could do the best job possible. Even if someone said, 'Hey, I'm not going to respond,' it was an acceptable answer. We can't force anyone to comply." Only seven of the 169 Illinois providers surveyed did not respond, he said.

The OIG response to Dr. Welch said the government relies on input from physicians to make sure that changes for programs like Medicare are meaningful. "It is often useful for us to obtain the views of competent medical professionals — professionals who know from their daily work experience how federal programs can be made to work better or smarter," Roslewicz said in the letter. "While we understand that our requests are sometimes viewed as intrusive, our intentions are to obtain and use the knowledge and experience of the experts — the service providers."

Although this survey is completed, Dr. Welch said the OIG should approach physicians differently in future communications. "If they want cooperation from physicians, they should realize it's not proper to say something that on the face of it sounds terrible. The message is that the OIG should work as the physician's ally, not as a threatener." ■



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist.

Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Illinois Medicine

VOLUME 7, NUMBER 3

FEBRUARY 10, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

William E. Kobler, MD

Alfred J. Clementi, MD

David B. Littman, MD

Richard A. Geline, MD

Sandra F. Olson, MD

Raymond E. Hoffmann, MD

Janis M. Orlowski, MD

Jane L. Jackman, MD

Erlo Roth, MD

Harold L. Jensen, MD

Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Building momentum for caps

Illinois has taken a step toward tort reform. On Jan. 26, the House passed the repeal of the Structural Work Act, or "scaffold act," of 1907. For the past 88 years, injured construction workers could collect twice – under the scaffold act and workers' compensation.

In garnering approval, House Speaker Lee Daniels "demonstrated his leadership," according to a story reported in the Chicago Tribune. But additional tort reform bills will face substantial opposition in the General Assembly. The lobbyist for the Illinois Trial Lawyers Association was quoted by the Tribune as saying: "[The speaker] pulled out every stop and twisted every arm, and I don't think it will happen on the other issues. When you look at product liability, medical malpractice, recovery from a drunken driver, those are injury cases that can affect anybody tomorrow."

And ITLA's lobbyist has company in Springfield. The organization's president recently canceled a trip to ATLA's midyear convention so that he could lobby in Springfield, according to the National Law Journal. He stated: "I'm very optimistic that we have the votes in the House to forestall the efforts of the Civil Justice League."

In addition, the Illinois State Bar Association is on the scene. In TV and radio debates, the state bar president has been deriding caps. And, in the bar association's journal, he urged all lawyers to join the plaintiff bar's opposition to reform proposals, reported the National

Law Journal.

ISMS and the Civil Justice League have been hard at work, making a strong case for caps on noneconomic awards. Our president and president-elect have been traveling the state to be interviewed by the media. The league has broadcast radio ads that tell Illinoisans the truth about lawsuits – that when we buy a car, go to the doctor or go to the grocery store, we all compensate for the cost of out-of-control lawsuits by paying higher prices.

Individual doctors are working, too. Three ISMS members attended a press conference at the Chicago office of U.S. Rep. Luis Gutierrez to express their disappointment in his decision to side with plaintiff lawyers against caps.

A story on the front page of this issue talks about ISMS members who are hosting breakfasts and using mini-internships to talk to legislators about caps. Whether you join other physicians and work through ISMS or your county medical society or become involved individually, you must act *now*.

ISMS is providing resources to help you. By now, you should have received a background piece on caps called "Law-suit Reform: The Time Has Come." It presents compelling support for caps – support that is based not on rhetoric but on statistics, charts and facts. So you have the information you need to craft a letter to your state senator and representative, or meet with them in their districts. It's critical that you take the next step.

PRESIDENT'S LETTER

A lasting impression

Alan M. Roman, MD



Blame is often pronounced when reality offers an explanation we can't accept.

We find the defendants not guilty, Your Honor," said the jury foreman, rather firmly. The forceful verdict reverberated off of the mahogany-paneled walls of Courtroom 2304, thereby ending a nine-year legal battle for me and one of my surgical partners. The case, involving a salmonella wound infection following repair of an inguinal hernia in an aging butcher, took six years to come to court and five days to try. The jury deliberated less than 90 minutes. The cost to defend was \$101,888.96, \$32,487 of which was for defending me. Despite the apparent victory, the experience left me with a sick feeling at how inefficient and unfair our civil justice system can be.

The liability system is intended to deter negligence while providing fair compensation for those injured by the actions of others. Unfortunately, individuals today regard interactions with one another differently than they did years ago, and often they want to take advantage of situations that would previously not have been deemed as warranting legal action.

Our society sues first and asks questions later, seeks a monetary solution rather than an honorable resolution and places misguided values on what is legally permissible rather than what is morally right. Blame is often pronounced when reality offers an explanation we can't accept. It is paradoxical that the quality of medical care continues to improve, yet doctors are sued more frequently. Yes, the present civil justice system is unfair to patients, physicians and society.

By now you are numbingly aware that the system costs patients in dollars and cents, through increases in malpractice insurance premiums that physicians must pass on to patients and through defensive medicine and legal defense costs. You know, too, that the cost also diminishes access and prevents patients from receiving proper care.

Physicians take seriously our responsibilities to our patients. But our tort system threatens to undermine the doctor-patient relation-

ship by making every patient a potential adversary. The constant threat of a lawsuit challenges physicians' ability to be unconditional advocates for their patients.

According to several studies, most malpractice suits are based on a failure in doctor-patient communication, not medical negligence. Consider the additional pressure placed on physicians in managed care settings and elsewhere who must treat patients whom they have never seen before and with whom they have no rapport. Any problems become grounds for a potential lawsuit.

Furthermore, the time spent preparing for depositions, meeting with the attorneys and attending the trial is time away from patients and practice. The process consumes hours that could be spent more productively. And it interferes with quality family time. It is hard to put a cost on the noneconomic burden of professional liability. However, it costs physicians dearly and discourages would-be physicians from entering the profession.

Your Society has launched an aggressive campaign for tort reform that includes appropriate legislation, intensive public relations and media efforts and a grassroots member-contact plan. *Your input is essential to our success.*

My direct confrontation with the legal system created emotional and psychological issues for me. I don't think even my family knew the agony I underwent. I subsequently became involved with ISMIE and ISMS because I cared and believed I could make a difference.

Sixty percent of you who read this will, through similar personal experience, identify with me and appreciate the need for your own involvement. For those few who have been fortunate enough to escape being personally touched, I pray this column makes a point, bridges an impasse or prompts your decision to become involved.

Although the verdict in Courtroom 2304 affected me the most, it is a story from my heart that has you in mind as well.

LETTERS

Joint degrees at U of I

I was pleased and interested to read the article "The dual-degreed physician" in the Jan. 13 issue. However, I was disappointed that no mention was made of the joint MD/MBA degree program offered by the University of Illinois College of Medicine at Urbana-Champaign. This educational opportunity allows medical students to complete the two-year MBA program and the four-year MD program in a total of five years. The program provides special emphasis on health-oriented business administration and is a compo-

nent of the broader dual-degree program at Urbana-Champaign that includes the MD/PhD and the MD/JD joint degrees.

— **Charles C. C. O'Morchoe, MD, PhD Urbana**

Editor's note: The article aimed to provide a sampling of information about joint-degree programs rather than a comprehensive discussion of all such programs in Illinois. However, we appreciate the additional information.

Illinois Medicine reserves the right to edit all letters to the editor.

Quotables

"Lawyers, particularly personal injury lawyers, have a very negative image among the public. I don't blame them at all for not using the word lawyers [in their radio spots]."

— **Ed Murnane, president of the Illinois Civil Justice League, Chicago Tribune**

"The legal system as it now exists, choked with unfounded litigation, is horribly inefficient at gaining compensation for the truly injured. Even legitimate cases can take years to resolve."

— **ISMS President Alan M. Roman, MD, Lakeland Newspapers**

"More of the public must realize that the lawsuit bonanza hurts them more than the doctors and corporate executives. Rather than direct our anger at lawyers, let us direct our anger at the current laws governing the tort system. Let us strike them down."

— **Michael C. Moran, MD, Chicago Tribune**

"Physicians are plagued by too many lawsuits of too little merit costing too much to defend."

— **ISMS President-elect Raymond Hoffmann, MD, the Dispatch and the Rock Island Argus**

"More and more lawyers have learned to game the system. It's more than the expansion of liability. When you have all these incentives to increase the claim, you're going to have this cancerous growth."

— **Jeffrey O'Connell, University of Virginia law professor, on why tort costs have exploded, Investor's Business Daily**

"Tort reform is at the top of Edgar's '95 agenda. Edgar and Republican legislative leaders will push for legislation to stop frivolous lawsuits and to put a cap

on noneconomic damages. During the 12-year regime of Democratic House Speaker Michael J. Madigan, the Illinois State Trial Lawyers Association funded Madigan's campaigns and thwarted efforts to reform the civil-justice system."

— **Steve Neal, columnist, Chicago Sun-Times**

"As I said last year, and the year before and the year before, it is time to bring some sanity to the Illinois tort liability system."

— **Gov. Jim Edgar, state of the state address**

"I suspect there may be trial lawyers out there who are also saying, 'The sky is falling, so let's file all these suits because we don't know what is coming.'"

— **Mark Gordon, spokesperson for Illinois Senate President Pate Philip, on the rush by plaintiff attorneys to file suits at the end of 1994 because of the prospect for tort reform in 1995, Chicago Tribune**

"Apparently, there are a number of attorneys who wanted to be extra conservative and bring their cases in before the end of the year."

— **Curt Rodin, president of the Illinois Trial Lawyers Association, on why attorneys filed so many suits at year-end 1994, Chicago Tribune**

"The incentives of the legal system encourage people to sue. A plaintiff can hope to be one of the lucky ones who get a multimillion-dollar award."

— **U.S. Sen. Mitch McConnell, of Kentucky, New York Times**

"[G.D. Searle] took its Copper-7 IUD off the market in the face of repeated lawsuits — not because it was unsafe, which experts said it wasn't, but because the cost of defending it in court was too great."

— **Chicago Tribune editorial, on the need for some tort reforms**

GUEST EDITORIAL

A firsthand look at the State of the Union

By Jim Turner, DO

Overwhelming security, intensive media coverage, electricity in the air and standing room only in the gallery were my first impressions as I entered the chamber of the U.S. House of Representatives. Before me, in this room, on this occasion, have sat the most powerful men and women in the world. This night, the mood was quite jovial, even rowdy, as members of the ambassador corps in their native dress, the justices of the Supreme Court in full black robes and Cabinet members marched down the center aisle to their assigned seats. The first lady entered the gallery to a standing ovation, flanked by a Marine veteran of the conflict in Haiti and by the youngest soldier ever to be awarded the Medal of Honor (age 17 in 1943).

The first State of the Union address was given on Jan. 8, 1790, in Federal Hall in New York City to comply with the recently ratified Constitution, Article II, Section 3: "[The president] shall from time to time give to the Congress information on the State of the Union." President Washington entered the hall anxious to set a precedent with this address. At his side, he wore a small dress sword bearing two inscriptions with the Latin translation for "Do what is right" and "Fear no man." Both represented his service to our nation. Reflecting on his military hardships, the president stated, "To be prepared for war is one of the most effectual means of preserving the peace." This became the most often-quoted phrase of his six-minute address.

The annual tradition continued when John Adams offered his first address in the new Capitol on the Potomac in 1800. This decade-long tradition was dramatically changed by Thomas Jefferson. Feeling the previous addresses were too reminiscent of the "king's speech from the throne," Jefferson sent a clerk to read his address to Congress, leaving many aghast at such "undignified treatment of Congress." Regardless of public opinion, this pattern

continued for more than 100 years, until Woodrow Wilson once again appeared in person at the House chamber in 1913.

History reveals only two breaks during the 207 years of presidential succession. William Henry Harrison died only one month after delivering the longest inaugural speech in history. Spending nearly two hours in bitter weather led to a fatal case of pneumonia. And James A. Garfield was killed early in his term by an assassin.

"Mr. Speaker, the president of the United States!" signaled the entrance of President Bill Clinton, again to a standing ovation. Not since the days of Harry Truman has a Democratic president addressed a Republican-dominated Congress. The speech was nearly twice as long as expected, given in a down-home and often humorous style. The two sides of the House differed in their applause and shouts. It appeared that when the speaker applauded and stood, his party membership followed. Partisan politics were certainly evident as past accomplishments and future policies were reviewed by the president.

It has been said that one can read the history and growth of our nation in the running story of the State of the Union addresses, as they have told or foreshadowed almost every significant event and policy. Witnessing firsthand the 200-year tradition in this classic exercise in

democracy was a humbling experience. Honest political debate, true power in the hands of the electorate and cordial respect among our representatives are unique to the American system.

Taking personal responsibility for ourselves, our families and our communities was the compelling theme I brought home with me. As Americans, we were challenged to accept this responsibility unselfishly, not for personal gain, and to offer honest, active participation within our system so that it will continue to evolve and succeed.



Dr. Turner is an ISMS member and a family physician in Marshall. He and his wife were guests of U.S. Rep. Glenn Poshard (D-Marshall) at the recent State of the Union address.



"Counselor, who do you think the jury will believe, us or a world-renowned physician?"

Abbe Sennett

Health care system of the future should be shaped by physicians

KEYNOTE ADDRESS: Columnist Joan Beck urges doctors to forge new leadership roles to preserve quality care. BY MARY NOLAN

[CHICAGO] Chicago Tribune syndicated columnist Joan Beck urged physicians to take a more active role in shaping the nation's health care system. Her remarks were part of a keynote address at the public service award luncheon of the Chicago Medical Society's Midwest Clinical Conference last month.

Beck, a veteran writer who often addresses medicine and health care issues in her columns, also called on doctors to stand firm against the "cost-cutters" and administrators of HMOs when those individuals try to interfere with the delivery of optimum treatment.

She described the economic and social pitfalls of the health care system based on her personal experiences, including 12 hospitalizations for two surgeries, six chemotherapy treatments and numerous blood transfusions.

The problems of the health care system that surfaced last year during the national reform debate have not diminished, she said. "They still exist. Some of them are getting worse. And all the hundreds of proposals for solving them are still complicated, expensive, controversial and fraught with the dangers of unanticipated, adverse consequences."

Beck suggested that physicians evaluate any proposed changes to the U.S. health care system. "What is most essential, in my mind, is that physicians remain at the center of the health care system." She said she cares about the future of health care in this country, particularly since she has a personal and immediate stake in how effectively the health care system operates.

Beck interjected humor throughout her speech by telling jokes and anecdotes. For example: "Why was Jesus born in a manger? Because Mary and Joseph belonged to an HMO." She used the



Tribune writer Joan Beck contends physicians must become bigger players in health care reform.

joke to illustrate how HMOs and other insurance companies have reduced the length of hospital stays for women who have had babies. So according to today's insurance company allowances, Mary and Joseph would have been long gone by the time the shepherds and the three wise men arrived, she explained.

Beck also lamented the fact that physicians no longer appear to be the major players in the health care business. Politicians, hospital administrators, employers, insurance companies and financial markets now seem to be shaping the future of health care, she said.

Beck issued a plea to the physicians in the audience to become bigger players in health care reform efforts. "Health care, after all, is your profession, your job."



Photos by John McNulty

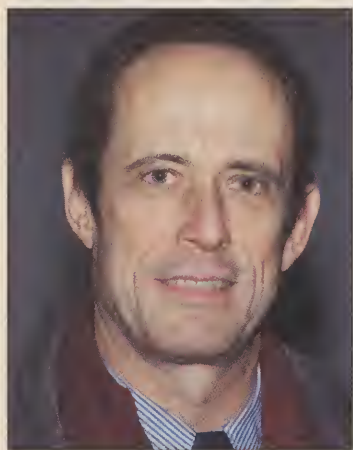


Chicago-area physicians (top) attend an educational program during the Midwest Clinical Conference. During a program sponsored by the Illinois Society of Internal Medicine, Joseph Murphy, MD (above left), and Charles Terzian, MD (above right), discuss the merits of retraining specialists for primary care. Doctors receive informational materials from the IMPAC booth (left).



SNAPSHOT

Illinois Medicine asked physicians at the conference how caps on noneconomic awards in civil suits, including medical malpractice, would benefit Illinoisans.



Hugh Savage, MD
Cardiologist, Chicago Ridge

Caps will eventually help decrease the cost of medical care because physicians will be able to obtain testing in a more rational manner. [Now] there is so much fear about potential large lawsuits that every possible problem has to be looked at to the nth degree.



Sharad Khandelwal, MD
Internist, Berwyn

Caps will help all Illinoisans because physicians will be able to practice more cost-effective medicine and not practice defensive medicine.



John Louis, MD
Hematologist, Lake Forest

[A cap] will lower insurance rates, which have really become prohibitive. It will also allow more latitude to physicians to try to do what they feel is good for the patient rather than what will protect them.



Ricardo Arze, MD
Internist, Cicero

It will lower medical malpractice insurance, and therefore it will make the practice of medicine less threatening for practitioners. At the same time, it will reduce overall health costs.



Ludmila Pyter-Kabat, MD
Family physician, Chicago

I think caps will save a lot of money and allow us to do the testing that we want – not that we have to because we are afraid that someone will sue us. It's that simple!

Photos by John McNulty

ISMS members press for caps

PAGE 1

ISMIE Update

Quotables
on caps

PAGE 7

High court considers use of fictitious defendants

DR. DOE: The state Supreme Court will decide whether plaintiffs must name a real defendant or whether they can go on fishing expeditions. BY KATHLEEN FURORE

[CHICAGO] A plaintiff's right to name a fictitious defendant in a medical malpractice suit is at issue in a case before the Illinois Supreme Court. ISMS has filed an amicus brief in the suit, expressing the Society's position that plaintiffs should be required to name real defendants in malpractice cases, said ISMS General Counsel Saul Morse.

In the case of *Neufville vs. Diamond*, the plaintiff filed a complaint against John Doe, MD, and named another physician and various entities as respondents in discovery, Morse said. "A respondent in discovery is a person who is not yet charged with negligence but who is treated like a defendant for the purpose of giving information to a plaintiff," he explained. Although the plaintiff in this case did not try to serve a summons to the fictitious defendant, he did try to hold discovery proceedings with the respondents.

As the claim progressed, the plaintiff filed a motion to convert the respondents he had named into defendants. The court dismissed the case, stating that it did not have jurisdiction, since real defendants had not been named, Morse explained. The plaintiff appealed.

On appeal, the court upheld the lower court decision and confirmed that plaintiffs must name actual defendants in medical malpractice litigation if they want to use the Respondent in Discovery Statute, Morse explained. ISMS also filed an amicus brief with the appellate court.

If *Neufville* isn't upheld, "plaintiffs in the future could simply name a fictitious person, name the other individuals as respondents in discovery, take their depositions during a six-month period and then covert them to defendants," Morse

said. "In six months, the plaintiff's attorney could find a nurse who says some other doctor was negligent. It's a way of trying to find someone who has done something wrong." Enabling plaintiffs to name John Doe defendants lets them go on a "fishing expedition with no proof of negligence."

Notably, the appellate court ruling in *Neufville* also criticized a decision handed down by another panel of the same appellate court in the case of *Bogseth vs. Emmanuel*. In *Bogseth*, the appellate panel ruled that fictitious defendants could be named. "In this instance, two divisions of the same appellate court had different opinions, which created confusion. The Supreme Court will try to eliminate those conflicting views," Morse said.

Without the appellate decision stating that plaintiffs must provide the name of an actual defendant to invoke the state's Respondent in Discovery Statute, the certificate of merit requirements that were supported by ISMS and enacted in 1985 would have been rendered useless, Morse said. The certificate of merit requirement mandates that before plaintiff attorneys can file malpractice suits, they must submit an affidavit stating that they believe the cases have merit. Affidavits must be based on a review of the medical records and a report from a qualified medical expert attesting that his or her review of the records shows a negligent action occurred, Morse noted. "With a fictitious defendant, there would be no way to do this."



The plaintiff bar has been trying to gain the ability to name John Doe defendants in malpractice suits for years. In 1993, ISMS successfully opposed leg-

islation proposed by the state bar association that would have allowed the use of fictitious defendants. ■

MALPRACTICE ROUNDUP

Supervising doctors liable for ER patient care

A South Carolina appeals court ruled that a physician-patient relationship existed between two physicians who supervised an emergency room trauma team and a car accident victim, even though the supervising doctors did not actually treat the patient. The decision in *Ellis vs. Niles* reversed a directed verdict granted for the defendant physicians and remanded the case for a new trial, according to a case summary in the December 1994 issue of *Medical Malpractice Law & Strategy*.

The plaintiff claimed he was paralyzed because the defendant physicians failed to supervise the trauma team properly, the summary said. He also alleged that the trauma team members were negligent for trying to intubate him orotracheally, since he had suffered a cervical spine injury.

Citing case law from other jurisdictions,

the appeals court ruled the physician-patient relationship was a question of fact for the jury. The court also said the supervising doctors could be held liable for negligent supervision because they were responsible for overseeing the allegedly negligent intubation. ■

Psychiatrist sued for failing to evaluate abuse claims

A Pennsylvania teen-ager and her parents were awarded more than \$272,000 because the girl's psychiatrist diagnosed her as suffering from posttraumatic stress disorder resulting from sexual abuse but failed to evaluate her claims of parental molestation. The parents – who were arrested before their daughter recanted her allegations – received \$213,899 in damages, according to a Dec. 17 *Chicago Tribune* story. The girl received \$58,333. The physician and the University of Pitts-

burgh's Western Psychiatric Institute and Clinic were named in the suit. ■

Hospitals have duty to protect the public

A New York trial judge recently ruled that New York City municipal hospitals may be sued for injuries or deaths caused by homeless, previously violent mental health patients the institutions released without supervision or medication, according to a case summary published in the October 1994 issue of *Medical Malpractice Law & Strategy*. The ruling means the family of a man bludgeoned to death by a released mental patient can seek damages from the city's Health and Hospitals Corp., which operates the municipal hospitals. The trial judge held that the "agency's 'revolving-door policy' of treating homeless mental patients was negligent and unreasonable." ■

MEDICINE AND POLITICS

DOCTOR TO A DICTATOR

*A Chicago-area physician recalls treating
Chinese ruler Mao Tse-Tung.*

BY RICK PASZKIET

He had an aversion to doctors. And he had no faith in modern medicine. But, nevertheless, former Chinese dictator Mao Tse-Tung required his personal physician to keep him in good health and to remain completely loyal to him.

For more than 20 years, Mao's doctor, Li Zhisui, MD, did just that. Dr. Li was also a confidant to the isolated and distrustful dictator, who abused his near-absolute power. This unflattering portrait of China's "Great Helmsman" is presented by Dr. Li in his recently published book, *The Private Life of Chairman Mao*.

"When I first was appointed Mao's doctor, I was proud and ecstatic. He was the savior of China," said Dr. Li, who has lived in the Chicago area since 1988. "But within a few years I became disillusioned, I saw firsthand how ruthless he could be in disposing of his enemies. For Mao, the lives of his subjects were cheap. I wrote this book for anyone who cherishes freedom. People need to be reminded of the horrors of living under a merciless dictatorship."

Descended from a long line of eminent doctors, Dr. Li had a privileged, and distinctly Western, upbringing. As a child in the 1920s, he was educated by American Methodists and baptized a Christian at 15. He went on to study medicine at the West China Union University Medical School, where he was taught by American professors. In 1949, he accepted a position in Sydney, Australia, as a ship's surgeon, traveling between Australia and New Zealand.

Dr. Li was uncomfortable living in Australia because the medical opportunities for Chinese doctors were severely limited, he said. At that time, Australia had a "whites-only" policy for physicians. So Dr. Li decided to return to China, which was just emerging from a civil war.

"I was excited about coming back to China. I thought I could contribute to a new and better China—a place where all men were equal and corruption was

ended," Dr. Li recalled.

In 1954, with the Communists firmly in control of China, Dr. Li began working in a clinic at which top-ranking officials, including Chairman Mao, were treated. Dr. Li was respected for his medical skills, and as his reputation grew, he was noticed by dignitaries in Mao's inner circle. Dr. Li was soon told that he was being considered to serve as Mao's personal physician.

"I must have made a good impression on Mao when I first met him. We talked about Chinese history and philosophy. I found him to be an approachable man, as well as having a wry sense of humor," said Dr. Li. "Of course, I was greatly surprised to find out that I had, in fact, been chosen to be his personal physician. It was such a great honor. Suddenly, I was no longer just an ordinary physician."

Mao was relatively young in 1955, so Dr. Li's job then was primarily to ensure that the ruler maintained and improved his health. But that wasn't an easy task given Mao's disdain for modern medicine.

"He was a very demanding patient, and it was difficult to get him to listen to my advice," explained Dr. Li. "For instance, he had terrible problems with his teeth. Like many peasants, Mao never brushed his teeth. He simply used tea to rinse out his mouth. It took a great deal of persuasion on my part to get him to see a dentist. He could be very stubborn."

The dictator was also skeptical about doctors. Early on, the ruler advised Dr. Li to be completely honest with him about his health. Mao went so far as to warn Dr. Li that it was a crime to conceal anything about the leader's medical condition. Just before his death, Mao told Dr. Li: "In the 1950s, I believed 70 percent of what doctors told me. In the 1960s, I believed only 50 percent. Now I've learned that you can't believe anything they tell you."

BESIDES THE INHERENT difficulties in treating Mao, Dr. Li also had to adjust to his patient's erratic schedule. Mao never kept regular hours, doing most of his work at

MEDICINE AND POLITICS



night. Dr. Li was forced to follow Mao's work cycle, as well as accompany him on all his political trips.

"You have to remember that Mao was a dictator. We had to grant him his every wish. If he wanted to see me at three in the morning, I had to go. The result, of course, was that I had no home life. I rarely saw my wife and children, and I had only a single week of vacation in all my 22 years as Mao's physician."

To Mao, loyalty was the principal virtue. But for those who worked for the ruler, their loyalty was based on fear, not trust. "I had not worked for Mao long before I realized that he was the center around which everything revolved," said Dr. Li. "People feared him. You had to act very carefully around him in order to survive."

It was also difficult to reconcile the vast difference between Mao's private life and the image that was presented to the public. Although he portrayed himself as an ascetic, Mao actually lived an imperial lifestyle, denying himself nothing, even when millions of Chinese citizens died during the famine of the early 1960s.

"His comfort and happiness were paramount. Nothing was denied him," said Dr. Li. "Young women were even procured for Mao to satisfy his insatiable appetite for sex. With so much sexual activity, venereal disease was practically inevitable. And when Mao became a carrier of *Trichomonas vaginalis*, he refused any treatment, saying to me, 'If it doesn't hurt me, then it doesn't matter.'"

One of the greatest challenges for Dr. Li was mastering a subject he was never taught in medical school — politics.

"As Mao's physician, I could never separate politics from medicine. Everything that affected Mao had political ramifications, including his health. When Mao had pneumonia, we couldn't ever reveal his condition to the public. It would have questioned his strength and ability to lead China. So we said Mao had a touch of bronchitis, instead of pneumonia."

Political considerations and intrigue became part of Dr. Li's daily life. During the height of the famine, Mao celebrated his 66th birthday with a huge ban-

quet. Even though Dr. Li was disgusted by this lavish feast, he had no choice but to attend. "Had I refused to participate, I would have risked bringing political trouble to myself. We lived in a world apart from China. However, the guilt gnawed at those of us whose consciences remained intact."

Unlike many in Mao's inner circle, Dr. Li quickly learned how to survive political upheaval, even during the dark days of the Cultural Revolution, when everyone's loyalty was suspect. Mao often dispatched Dr. Li to observe and interpret political events. "I would sometimes serve as Mao's eyes and ears. But I hated these assignments. Mao was just testing my loyalty to see that I provided the 'right' answers."

The final test of Dr. Li's political resilience closely followed Mao's death in 1976. Although the dictator died of a heart attack, rumors circulated that he had been poisoned. Mao's entire medical team was scrutinized by the Politburo.

"The years after Mao's death were particularly stressful," Dr. Li explained. "There were a lot of accusations, and the leaders who had supervised the medical team were purged. However, I was able to survive and became deputy vice president of the Chinese Medical Association."

IN 1988, Dr. Li and his wife, Lillian Wu, came to Chicago to join their two sons, who had emigrated to the United States in the early 1980s. His wife died in 1989, and Dr. Li now lives with his younger son in Carol Stream.

"It is very peaceful here, and I spend much of my time now reading and writing about Chinese history, as well as watching the occasional basketball game on television."

Looking at China today, Dr. Li has a somewhat negative impression. "Society in China has drastically changed. In a sense, China is similar to England in the 18th century. It is going through the first painful stage of capitalism. Unfortunately, in China there is no morality, no humanity — just money. Mao would be greatly surprised at what his China has become." ■

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Internist, Chicago: Five BC internists with offices in northeast and northwest Chicago seeking sixth BE/BC internist. Broad clinical practice with teaching available, if desired. Call will be one-in-seven weekends. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

OUR PROMISE

We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



**The
Curare
Group, Inc.**

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

BC/BE internist for 84-physician multispecialty group on the scenic bluffs overlooking the Mississippi River where Iowa, Illinois and Wisconsin meet. Excellent call schedule in this 17-member department of physician-owned clinic with its own HMO. Professional administration enables physicians to concentrate on the practice of medicine. Outstanding lifestyle, excellent income guarantee, complete benefits and ownership eligibility. Call or send CV to Denis Albright, Medical Associates Clinic, 1000 Langworthy, Dubuque, IA 52001; (800) 648-6868.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Remember when ... Remember when life seemed a little less stressful and a whole lot more fulfilling? Begin again in the Land of Lincoln! We seek a caring, quality family practitioner to serve a draw population of 154,000, working part-time at an FP center and part-time at a rural health clinic. Gain professional and financial satisfaction while making your mark in this solid, Midwestern, family-oriented, safe, education-oriented, friendly community. \$140,000, incentive bonuses, paid benefits. Associate with 207-bed hospital positioned for growth and success well into the 21st century! Call David Reeves for more information, (800) 235-6745.

Primary care specialists: Confidential assistance with career placements in the metropolitan Chicago area. Excellent opportunities in hospital, clinic and private practice settings. Please contact Diane Temple, VP Physician Recruitment, 440 E. Ogden, Hinsdale, IL 60521; (708) 654-0761; fax (708) 654-9788.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Physician Search Ltd. exclusively provides practice placement within the metropolitan Chicago area to board-certified primary care specialists. For immediate consideration, please call or fax your CV to Diane Temple, (708) 654-0761; fax (708) 654-9788; 440 E. Ogden, Hinsdale, IL 60521.

Quad Cities: Family practitioners needed for expanding group and hospital-affiliated practices throughout the greater Quad Cities area. Established call coverage, major medical center affiliation and competitive compensation package. For information on these and other opportunities, contact Mike Krier at (800) 243-4353.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740 or fax (309) 685-1997.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353 or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Emergency medicine opportunities, Midwest: Excellent long-term career options available in rustic and rural communities. Extensive experience in emergency or ambulatory adult/pediatric medicine. Certification in a primary specialty, ACLS required. For immediate consideration, please call the vice president of physician recruitment at (708) 654-0761 or fax your CV to (708) 654-9788.

Wisconsin: Monroe, a safe, family-centered community, is just one hour from Madison, Dubuque and Rockford and two hours from Milwaukee and Chicago. We are a 50-plus-physician multispecialty group practice with openings for BC/BE physicians in family practice, Ob/Gyn, cardiology (noninvasive), outpatient psychiatry, general surgery, orthopedic surgery, pulmonology and dermatology. We offer generous benefits, freedom from buy-ins and office management. Call schedules you can live with. New 114,000-square-foot clinic. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Family practice position: Board-certified or board-prepared physician needed for new clinic in the growing Winnebago County area in northern Illinois. The clinic is designated with IDPH for loan repayment for Illinois but not for federal repayment. As part of OSF Healthcare and Saint Anthony Medical Center in Rockford, this is a full-time, salaried position with comprehensive benefits. Call is one in four. Contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-1997 for consideration.

Family practice: Leading 300-plus physician group based in southwestern Wisconsin seeks additional family practitioners for established branch clinics in Wisconsin and Iowa. Attractive group practices offer a professional and stimulating environment with shared call coverage, modern local hospitals, strong specialty network and competitive compensation package. Practice settings vary from a scenic college town to a picturesque Mississippi River community. For details, call Mike Krier at (800) 243-4353.

Situations Wanted

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 296-9999. The coffee's bad, but the experience is heartwarming.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified general surgeon, experienced in gastrointestinal endoscopy, seeking a position. Please send replies to Box 2269, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Jamalca villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week winter season, \$365 off-season. (608) 231-1003.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking; walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Medical building for sale in Rockford has five examining rooms, X-ray and lab, reception and waiting room – \$186,000. Please call (815) 626-4036.

Downtown Chicago: For lease, 2,244-square-foot area. Close to Loop and major medical centers. Built out for physician's office. Secure building. Adjacent parking. Call (312) 829-1424.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours – days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible – 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Miscellaneous

Medical billing service. Claims being returned because of errors, causing long waits to be paid? We can get your money to you faster. DEBS will submit your claims electronically. For more information, call (800) 676-7081.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Concerned about critical patient follow-up? Computerized monitoring service provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relationships, patient safety, and it could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Improve your cash flow and profitability. Submit your claims electronically and receive reimbursements in two weeks. Certified electronic claims professional. Full-service billing, including electronic claim processing, primary/secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Services Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements – \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Available to Illinois State Medical Society members from Deutsch Luggage: Special low prices on quality brand-name luggage, business cases and corporate gifts. Call Ken Levine at (312) 939-2935 or fax (312) 939-2353 for catalogs. Deutsch Luggage, four locations: 39 W. Van Buren and 40 W. Lake St., Chicago; Skokie; and Oak Brook.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, Ill.; (708) 272-7272.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

"Fourth Annual Neurology for Primary Care Physicians," May 19-20, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

DISCOVER A TREASURE

Still seeking the mythical practice of your dreams? It may be closer than you think.

You can be part of a system that provides full healthcare delivery and still respects the roles of individual physicians. Reward yourself with a practice that allows you to focus on your patients, with as much input into operational issues as you wish. Choose from a variety of practice settings, all with outstanding call schedules. Academic affiliations are available.

These gems are located in a safe, flourishing community which offers a rich lifestyle. Its vibrant and diverse cultural blend is reflected in unique, affordable homes and annual festivals. Beautiful parks and lakefronts are host to a spectacular array of social and recreational opportunities.

We need Family Practice, Internal Medicine, and OB/GYN physicians to share in the riches. To learn more about these rare opportunities, contact Aggie Koss, James Russell, Inc., PO Box 427, Bloomington, IL 61702-0427. 800-822-2566 ext. 226.

MILWAUKEE, WISCONSIN

Midwest Clinical

(Continued from page 1)

paigns throughout the state last fall. And given that success, it could be easy for doctors to take the passage of a cap on noneconomic awards for granted, Dr. Roman explained. But "we must not simply sit back." Achieving meaningful tort reform will require a methodical plan, he added.

Physicians should help execute that plan, said ISMS Secretary-Treasurer M. LeRoy Sprang, MD. Since enacting tort reform is a high priority for all Illinois physicians, the responsibility for passing a cap rests squarely on the shoulders of doctors, he said. "Every one of us must be actively involved. If not now, when? And if not you, who?"

THE CHANGING health care marketplace was another theme in the program. "[People's] attitudes are changing," said Raymond Hoffmann, MD, chairman of the ISMS Health System Reform Committee and ISMS' president-elect. For example, more businesses have been seeking contracts with managed care organizations to secure what they perceive as the best care for their employees at the best price, he said.

The changes precipitated by the busi-

ness and payer communities helped prompt the move toward federal and state health system reform. Last year at this time, "it seemed as if health care reform was well on its way, or at least [that] Congress would enact some incremental changes. However, Congress failed to enact health care reform initiatives," Dr. Hoffmann noted.

Those initiatives failed because they were "diametrically [opposed to] President Bill Clinton's message to voters two years ago," said Sandra Olson, MD, ISMS first vice president. And once people heard about the president's actual plan and its potential implications, passing any legislation became impossibly complicated, she said. "That impact included bigger bureaucracy, more expense, unavoidably increased taxes and a diminished freedom of choice." Health reform was also stymied by suspicion about the secretive process the president's reform task force used to develop the plan, Dr. Olson added.

When lawmakers introduce health system reform proposals this year, they should proceed cautiously, Dr. Olson said. "That didn't happen last year, and as a result perhaps much-needed changes did not occur. They were deep-sixed with the remaining chaff of the Clinton health care plan." Until some of those



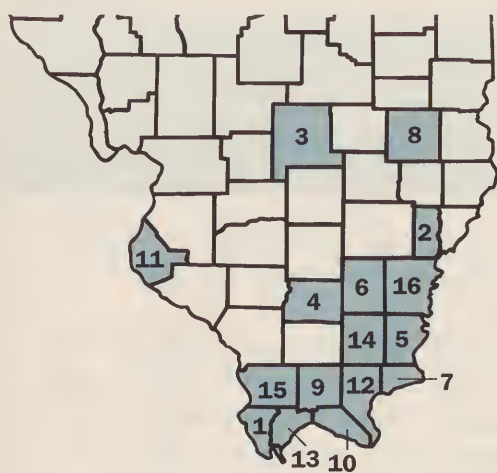
Among the physician leaders discussing elements of reform during an ISMS program at the Midwest Clinical Conference are (from left) Drs. M. LeRoy Sprang, Jane Jackman, Sandra Olson and Alan M. Roman.

necessary changes occur, health care will continue to be a high-cost item for businesses and will consume larger chunks of state and federal tax dollars, she noted.

But even without federal health system reform, changes in the medical marketplace are continuing, said Jane Jackman, MD, a committee member and ISMS Fifth District trustee. "Not only are changes occurring, but they are moving

our nation's health care to a more streamlined system." Some of those changes are good, and others are not, she said. One area to watch is the effect of managed care on patients. Physicians should be able to practice medicine according to patients' needs, not profit motivations, Dr. Jackman stressed. "Physicians should be managers, not managed." ■

Illinois counties without OB hospital facilities



- | | | | |
|--------------|-------------|------------|-------------|
| 1. Alexander | 5. Gallatin | 9. Johnson | 13. Pulaski |
| 2. Edwards | 6. Hamilton | 10. Massac | 14. Saline |
| 3. Fayette | 7. Hardin | 11. Monroe | 15. Union |
| 4. Franklin | 8. Jasper | 12. Pope | 16. White |

Source: Southern Illinois Medical Association

Press for caps

(Continued from page 1)

former incumbent Rep. Barbara Giolitto (D-Belvidere).

Winnebago County physicians have developed a rapport with the new legislators, said Dr. Norem. Caps support is also expected to come from the state senators who represent the area — Sens. J. Bradley Burzynski (R-Sycamore) and Dave Syverson (R-Rockford). "We're in good shape in Winnebago County," Dr. Norem noted.

A retired family practitioner from Joliet, Stanley Rousonelos, MD, has also contacted representatives and senators in his area. Dr. Rousonelos said keeping open lines of communication with legislators will prove especially valuable in the fight for caps.

To ensure that state lawmakers regularly hear from physicians about this issue, Dr.

Rousonelos and other members of the Will-Grundy County Medical Society have hosted breakfasts with legislators. "We created a healthy exchange of ideas in an informal setting, which allowed us to communicate on the issue more effectively," he said.

Area legislators who attended the breakfasts included Sens. Thomas Dunn (D-Joliet) and Edward Petka (R-Plainfield) and Reps. Tom Cross (R-Yorkville) and Jack McGuire (D-Joliet). McGuire also spoke at a recent dinner meeting sponsored by the county medical society and told physicians that the new GOP-controlled General Assembly would likely support pro-medicine legislation. Although some legislators on both sides of the aisle were hesitant about supporting caps at first, "most of them are in favor of some type of tort reform," said Dr. Rousonelos.

Some doctors in Rock Island County are using an upcoming mini-internship program as a springboard to talk to legislators about caps, said Phil Siegert, MD, a general surgeon from Moline. Throughout the year, Rock Island physicians have held other mini-internships, arranged by the county medical society alliance, to give legislators, businesspeople and civic leaders firsthand exposure to doctors and their practice environments, Dr. Siegert explained. "We find that when they learn the complexity of our day, they become more aware of our needs."

Dr. Siegert plans to discuss caps with his mini-intern. Influencing legislators' viewpoints through knowledge helps "us to communicate more effectively with those who make the laws," he said.

Communication is the first step in solving the problems associated with the current civil justice system, such as the practice of defensive medicine and the high costs related to frivolous lawsuits, said Richard Snodgrass, MD, a Moline cardiologist and ISMS Fourth District trustee. "We are able to have a dialogue concerning the problems [physicians] face," he noted. ■

MEMBERS IN THE NEWS

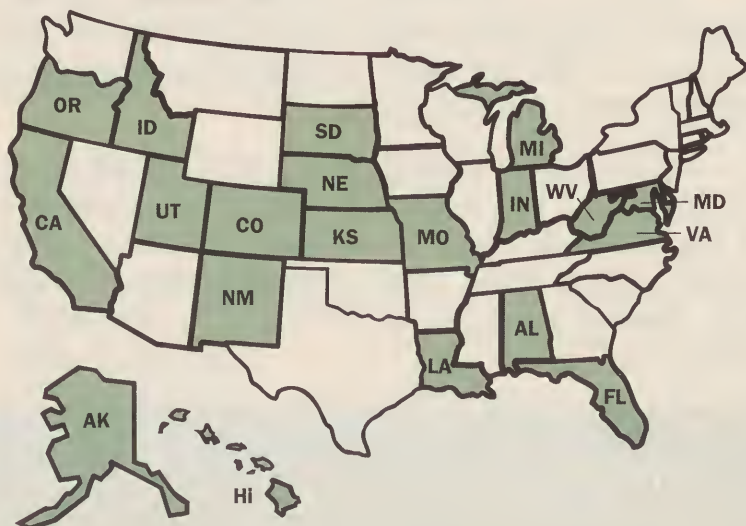
Joseph L. Murphy, MD, is the new president of the Illinois Society of Internal Medicine. A board-certified internist and geriatrician, Dr. Murphy is also a member of the Chicago Medical Society Board of Trustees and an alternate delegate to the AMA House of Delegates, as a representative of the Hospital Medical Staff Section Governing Council. Other activities include serving as president and chairman of the board of the American Board of Quality Assurance and Utilization Review Physicians.

Gary Goforth, DO, was elected president of the Southern Illinois Medical Association during the group's 120th annual meeting in Belleville in November 1994. Dr. Goforth is the first osteopathic physician to be elected as SIMA president. Previously, he was SIMA's first vice president and finance committee chairman.

Dr. Goforth has also served as a member of the Illinois Department of Public Health's Perinatal Advisory Committee, the board of directors of the Central Illinois Medical Review Organization and the advisory board of the Illinois Hospital Association's Physician/Hospital Institute. In addition, he is Washington County's representative to the ISMS House of Delegates.

SIMA was formed by a group of Union County physicians to stimulate professional thought and action as well as supplement ISMS' work statewide.

States that limit lawsuit awards



Hospitals form MCCN

(Continued from page 1)

be there to serve them."

If HCFA approves the waiver, other hospitals should consider forming MCCNs, said ISMS Third District Trustee Biswamay Ray, MD. But he added that many questions remain, and he expressed concern about the viability of MCCNs with a 100-percent Medicaid patient base. To contain costs, MCCNs initially will receive capitation rates totaling 90 percent to 95 percent of fee-for-service payments, Dr. Ray explained. "To start with, they're going to have 5 to 10 percent less money in hand. And who knows what the capitation rates will be in the future? MCCNs will be under more pressure to provide the same

tions, said Larry Haspel, DO, a network board member and chairman of its Physician Council. "We're not going from a no-risk to a risk setting. We've always had to be sensitive to this." Network hospitals have been able to provide Medicaid patients with high-quality care at lower costs "by effectively managing utilization, the cost of management and the number of employees," said Birdzell.

Moving to a capitated system will enable network hospitals to organize services and develop care guidelines that will ultimately reduce emergency room usage, duplication of tests and hospitalizations, Dr. Haspel said. "If we can do that, we can live with the 90 to 95 per-

cent [capitation rate]." The council is already tackling such issues as credentialing, performance criteria and patient care guidelines, he noted.

FHN will provide incentives for providers rather than use a large portion of capitation payments for administrative costs, Frederick said. "Unlike what HMOs do, our administrative arm won't be taking a huge cut."

By participating in an MCCN, physicians will have access to a large patient base. They will also retain more autonomy over their practices than they would in an HMO because they will be dealing with the hospitals through a physician organization, Dr. Haspel said. "FHN pro-

vides doctors with a major alternative to a conventional HMO. It is a more traditional relationship than an individual physician contracting with an HMO. We believe that by controlling overhead, we can distribute more money back to providers than they would get otherwise."

In addition to St. Elizabeth's, other hospitals in the network are Chicago Osteopathic Hospital, Columbus Hospital, Grant Hospital, Michael Reese Hospital, Mt. Sinai Hospital Medical Center, Norwegian-American Hospital, Roseland Community Hospital, Schwab Rehabilitation Hospital, St. Anthony Hospital, St. Bernard Hospital and St. Cabrini Hospital. ■

Network hospitals have been able to provide Medicaid patients with high-quality care at lower costs by effectively managing utilization, the cost of management and the number of employees.

quality of care to Medicaid patients as they would to commercial patients within that [reduced] budget."

The network's member hospitals have always been reimbursed "at a level unrelated to charges or the intensity of services provided," because they historically have served large Medicaid popula-

Recommendations issued for weight-loss centers

[SPRINGFIELD] The National Academy of Sciences Institute of Medicine has released recommendations for weight-loss centers aimed at ensuring proper programs for consumers who seek professional help. For example, programs should provide a consumer profile that describes an ideal participant, including physical and psychological health, diet and exercise.

Programs should publicize long-term results and improvements in participants' obesity-related diseases such as high blood pressure and diabetes. In addition, weight-loss programs should require children, people with chronic health problems and lactating women to seek medical supervision while they are trying to lose weight.

The recommendations are supported by Michael Brewer, MD, director of the Weight Management Center at St. John's Hospital in Springfield. Dr. Brewer noted that weight-loss centers should employ health care professionals who can provide long-term services supporting patients' efforts to maintain their weight loss. "The team may include physicians, advanced-degree counselors, registered dietitians and exercise specialists," Dr. Brewer added that consumers have a right to know the cost of their weight-reduction program before they sign up. ■



"I'm glad I was covered by the PBT Long Term Disability Plan!"

("And I'm glad I had a hand in its design.")

"With the PBT Long Term Disability Plan, I didn't have to worry. . ."

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Plans

PBT Benefit Mini-Briefing

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

“I wasn’t sure if I should
settle, so the ISMIE
review committee heard
me out. They’re doctors.
So I knew their decision
would be a **fair** one.”



The person most qualified to evaluate the actions of a doctor is another doctor. That's why the Illinois State Medical Inter-Insurance Exchange created the Physician Review Committee. The committee is composed of doctors from all areas of the state, with extensive cognitive and surgical expertise. The members carefully review your malpractice case, and seek expert opinions from other physicians in your specialty. They'll even take your input into consideration. Whether your claim is settled or goes to trial, rest assured: you can trust the people making decisions about your case. Because at ISMIE, they're doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

W1 IL417L
V.7 NO.4 1995
C.D1-----SEQ: SR0063601
TI: ILLINOIS MEDICINE 03/08/95

caps coverage
in your next
issue

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • FEBRUARY 24 1995

House calls
make a
comeback

PAGE 10

Caps pass Illinois House 63-52

TORT REFORM: With House passage of a \$500,000 limit on noneconomic awards in civil suits, the battleground moves to the Senate. BY MARY NOLAN

[SPRINGFIELD] On Feb. 16, the Illinois House of Representatives passed a comprehensive tort reform bill including a \$500,000 cap on noneconomic damage awards, indexed to

inflation. The cap would apply to all civil lawsuits, including medical malpractice cases. H.B. 20, prompted by ISMS and the Illinois Civil Justice League, passed by a vote of 63-52, with Rep. Al Salvi (R-Wauconda) voting present. The measure now goes to the Senate.

"This is an extraordinarily significant step in achieving a cap that is sorely needed to discourage lawsuit abuse," said ISMS President Alan M. Roman, MD. "Such abuse ultimately raises prices, taxes and the cost of medical care for all Illinoisans. The time has come for Illinois to join the 21 other states that have already enacted meaningful lawsuit reform, and we're well on the way. Since the bill now moves to the Senate, we must keep the pressure on, and each ISMS member should make a personal commitment to contacting his or her senator to support this bill."

Sponsors of H.B. 20 are House Speaker Lee Daniels (R-Addison), Rep. Tom Cross (R-Yorkville), Deputy Majority



Dr. Roman testifies during an Executive Committee hearing.

Leader Tom Ryder (R-Jerseyville), Majority Leader Robert Churchill (R-Antioch), Rep. Judy Biggert (R-Westmont) and Rep. Brent Hassert (R-Lemont).

In heated floor debate before the vote, legislators expressing their opposition to H.B. 20 were Democratic Reps. Jay Hoffman (Collinsville), Louis Lang (Skokie), Jan Schakowsky (Evanston), Doug Scott (Rockford), Kurt Granberg (Carlyle) and Monique Davis (Chicago). But Cross countered arguments: (Continued on page 15)

Ron Ackerman

Call to action

Urge your senator to support H.B. 20

Thanks to the hard work of ISMS members and the Illinois Civil Justice League, we've won the first round in the fight for caps. H.B. 20 passed the Illinois House on Feb. 16. The tort reform bill provides for a \$500,000 cap, indexed to inflation, on noneconomic awards in civil lawsuits, including medical malpractice cases.

Even though passage in the House marks real progress, we're only halfway to the finish line. The bill must still pass the Senate. So now is the time for you to voice your support for H.B. 20 by calling your senator.

Other so-called tort reform

proposals supported by plaintiff attorneys are being introduced to confuse the issue. One calls for a \$1-million cap, which is unacceptable. That's why it's critical that you tell your senator that you specifically support H.B. 20. It will restore balance to the state's civil justice system, protect constituents from rising health care costs and increase their access to high-quality medical services.

To reach your senator in Springfield, call the Statehouse at (217) 782-2000. If you don't know who represents you in Springfield, call ISMS for help at (312) 782-1654 or (800) 782-ISMS. ■

INSIDE

Metro-Chicago CHIN progresses

PAGE 3

DEPARTMENTS

News Briefs.....2

Commentary.....4

ISMIE Update6

IDPR Disciplines12

Classifieds13

ICJL promotes need for \$500,000 cap

COALITION: ISMS participates in an Illinois Civil Justice League press conference to support tort reform legislation. BY MARY NOLAN

[SPRINGFIELD] During a Feb. 7 press conference at the state Capitol, members of the Illinois Civil Justice League, including ISMS, discussed the components of a comprehensive civil justice reform bill that was prompted by the league. The bill, H.B. 20, which was introduced after the press conference, features a \$500,000 cap on noneconomic damage awards, indexed to inflation, for all civil lawsuits, including medical malpractice and product liability cases.

The Civil Justice League legislation "represents a major step toward solving a tort liability problem in Illinois that affects every resident of our state and costs every man, woman and child in Illinois more than a thousand dollars each year," said Ed Murnane, league president. The measure also sends a clear



Fitzgerald

message to groups such as the Girl Scouts, foster care programs, small suburban businesses and farmers, that they should not have to continue facing uncertainty because of increasing costs and the threat of liability, Murnane said.

If passed, the measure will address rising costs, quality of care and access — three elements critical to reducing lawsuits and enabling truly injured victims to recover damages, said ISMS President Alan M. Roman, MD. "The (Continued on page 12)

Ron Ackerman

Lawmakers talk to lawyers about caps

SPEECH: Legislators say the time is right to pass tort reform. BY MARY NOLAN

[CHICAGO] Republican lawmakers, including House Speaker Lee Daniels (R-Addison), voiced support for a cap on noneconomic damages for civil lawsuits, including medical malpractice cases, during the Chicago Bar Association annual legislative luncheon on Jan. 30. Daniels told Chicago-area attorneys that the General Assembly is placing tort reform legislation on a fast track by holding hearings in House and Senate committees.

"You knew it was coming. It's not new to you, and it's not new to me," Daniels said. It's a mistake to characterize tort reform as a new issue, since it has been discussed in the legislature for 20 years, he added.

Leader of the Illinois House Republican delegation since 1983, Daniels said he has watched as other states enacted tort reform laws, including caps on noneconomic damage (Continued on page 9)

41002 DW MD 20014
BETHESDA
0000 ROCKVILLE PIKE



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

002

How representatives voted on H.B. 20

The following roll call shows how Illinois House members voted on H.B. 20, the tort reform bill containing a \$500,000 cap on noneconomic damage awards, indexed to inflation. The cap applies to all civil suits, including medical malpractice cases.

YES

Ackerman (R-Morton)
Balthis (R-Lansing)
Biggert (R-Westmont)
Biggins (R-Elmhurst)
Black (R-Danville)
Bost (R-Murphysboro)
Brady (R-Bloomington)
Churchill (R-Antioch)
Ciarlo (R-Steger)
Clayton (R-Buffalo Grove)
Cowlshaw (R-Naperville)
Cross (R-Yorkville)
Deuchler (R-Aurora)
Durkin (R-Oak Brook)
Hanrahan (R-Northbrook)
Hassert (R-Lemont)
Hoeft (R-Elgin)
Hughes (R-McHenry)
Johnson, Tim (R-Urbana)
Johnson, Tom (R-West Chicago)
Jones, J. (R-Mt. Vernon)
Klingler (R-Springfield)
Krause (R-Mt. Prospect)
Kubik (R-Riverside)
Lachner (R-Lake Bluff)
Lawfer (R-Freeport)
Leitch (R-Peoria)
Lindner (R-West Dundee)
Lyons (R-Western Springs)
McAuliffe (R-Chicago)
Meyer (R-Bolingbrook)
Mitchell (R-Sterling)
Moffitt (R-Monmouth)
Moore, A. (R-Libertyville)
Mulligan (R-Des Plaines)
Murphy, M. (R-Oak Lawn)
Myers (R-Colchester)
Noland (R-Decatur)
O'Connor (R-Palos Heights)
Pankau (R-Roselle)
Parke (R-Schaumburg)

Pedersen (R-Palatine)
Persico (R-Glen Ellyn)
Poe (R-Springfield)
Roskam (R-Wheaton)
Rutherford (R-Pontiac)
Ryder (R-Jerseyville)
Saviano (R-River Grove)
Skinner (R-Crystal Lake)
Spangler (R-Newark)
Stephens (R-O'Fallon)
Tenhouse (R-Quincy)
Turner, J. (R-Atlanta)
Wait (R-Belvidere)
Weaver (R-Mattoon)
Wennlund (R-New Lenox)
Winkel (R-Champaign)
Winters (R-Shirland)
Wirsing (R-DeKalb)
Wojcik (R-Schaumburg)
Zabrocki (R-Tinley Park)
Zickus (R-Palos Hills)
Speaker Daniels (R-Addison)

NO

Blagojevich (D-Chicago)
Boland (D-East Moline)
Brunsvold (D-Rock Island)
Bugielski (D-Chicago)
Burke (D-Chicago)
Capparelli (D-Chicago)
Currie (D-Chicago)
Curry (D-Decatur)
Dart (D-Chicago)
Davis, M. (D-Chicago)
Davis, S. (D-Bethalto)
Deering (D-Nashville)
Erwin (D-Chicago)
Fantin (D-Calumet City)
Feigenholtz (D-Chicago)
Flowers (D-Chicago)
Frias (D-Chicago)
Gash (D-Deerfield)

Giles (D-Chicago)
Granberg (D-Carlyle)
Hannig (D-Gillespie)
Hartke (D-Effingham)
Hoffman (D-Collinsville)
Holbrook (D-Belleville)
Howard (D-Chicago)
Jones, L. (D-Chicago)
Jones, S. (D-Chicago)
Kaszak (D-Chicago)
Kenner (D-Chicago)
Kotlarz (D-Chicago)
Lang (D-Skokie)
Lopez (D-Chicago)
Madigan (D-Chicago)
Mautino (D-Spring Valley)
McGuire (D-Joliet)
Moore, E. (D-Maywood)
Morrow (D-Chicago)
Murphy, H. (D-Markham)
Novak (D-Kankakee)
Phelps (D-Eldorado)
Pugh (D-Chicago)
Ronen (D-Chicago)
Saltsman (D-Peoria)
Santiago (D-Chicago)
Schakowsky (D-Evanston)
Schoenberg (D-Wilmette)
Scott (D-Rockford)
Smith (D-Canton)
Stroger (D-Chicago)
Turner, A. (D-Chicago)
Woolard (D-Marion)
Younge (D-East St. Louis)

Present - Salvi (R-Wauconda)

Excused - Laurino (D-Chicago)
Excused - Martinez (D-Chicago)

Yes - 63
No - 52
Present - 1
Excused - 2

Michigan Blues settles suits, loses Medicare contract

[CHICAGO] Blue Cross-Blue Shield of Michigan recently paid the federal government \$51.6 million to settle two lawsuits that charged the insurer defrauded the Medicare program, according to Michael Dyer, the government's regional inspector general for investigations. The U.S. Office of Inspector General found the Michigan Blues guilty of unlawfully billing Medicare and submitting false documents. Subsequently, the U.S. Health Care Financing Administration named Health Care Service Corp., an affiliate of Blue Cross and Blue Shield of Illinois, to manage the Michigan program, Dyer said.

"The Medicare program relies on the state Medicare carrier to actively identify fraud against the Medicare system," Dyer said. "It is especially wrong when the carrier charged with the responsibility of protecting Medicare funds is involved in defrauding Medicare."

The government launched two investigations of the Michigan Blues. In the first, the government charged that the insurer paid thousands of dual-coverage claims from the Medicare Trust Fund rather than from its private insurance coffers, said Frank Hunger, head of the Department of Justice's civil division. The Blues violated Medicare Secondary Payer laws, which require private insurance companies to assume a greater share of the nation's health care costs, Hunger said.

In the second investigation, a former auditor for the Michigan Blues claimed the insurer falsified documents in its role as Michigan's fiscal intermediary in managing the Medicare Part A program, Dyer noted. The Blues was required to audit the cost reports of participating hospitals. But the insurer "corrected" the audits and back-dated documents, allegedly to conceal the poor quality of the original audits. Consequently, the Blues failed to identify payments that didn't qualify for Medicare reimbursement. The company settled the second suit for \$27.6 million. ■

Catholic hospitals to merge

[CHICAGO] Two Catholic-affiliated health systems in the Chicago area have announced plans to merge, creating one of the largest Catholic health care organizations in the city. The Columbus-Cabrini Health System and Saint Joseph Health Centers and Hospital plan to complete the affiliation in early 1995, according to officials of the two institutions. The venture requires the approval of the U.S. Federal Trade Commission.

The new system would include four hospitals, 24 ambulatory care sites and 11 satellite clinics, according to press materials. The combined system will provide expanded service, economies of scale and greater geographic coverage.

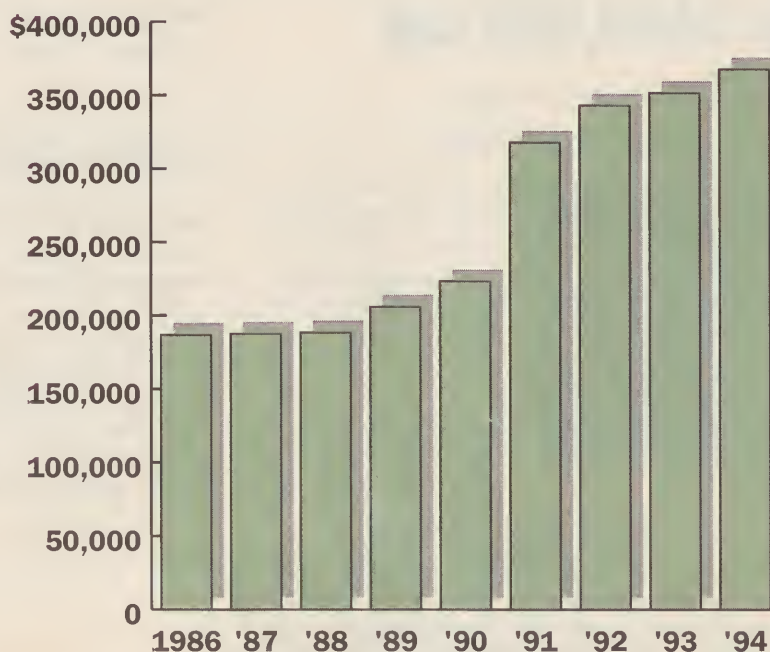
Columbus-Cabrini and St. Joseph have been discussing various types of collaboration for two years to help them respond to the changing market, said Lee Domanico, Columbus-Cabrini chief executive officer.

"Through this merger, we can focus our resources to enhance quality, strengthen financial results and enhance the new organization's ability to contract with employers, third-party payers and governmental agencies," said Sister Theresa Peck, St. Joseph president and chief executive officer. ■

PHYSICIAN FACTS

Average ISMIE indemnity payment

By year closed, 1986-94



Source: Illinois State Medical Inter-Insurance Exchange

Personal physician to Chairman Mao dies

Li Zhisui, MD, the physician to Chinese dictator Mao Tse-tung for 22 years, died Feb. 13. Dr. Li studied medicine at the West China Union University Medicine School. After beginning as Mao's doctor in 1954, he continued in that role until the dictator's death in 1976. In 1988, Dr. Li moved to Chicago and had lived in Carol Stream for the past six years. Dr. Li was profiled in the Feb. 10 issue of Illinois Medicine. ■

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Metro-Chicago CHIN progresses

NETWORK: A business plan for the information system is in the works. BY JANICE ROSENBERG

[CHICAGO] The Metro-Chicago Community Health Information Network Board of Directors made several decisions in January to move the network closer to implementation. The Metro-Chicago CHIN is jointly owned and governed by ISMS and the Metropolitan Chicago Healthcare Council. Once it is fully operational, the network will be one of the largest and most comprehensive CHINs in the nation.

At its Jan. 25 meeting, the board named the Chicago law firm Bell, Boyd and Lloyd as corporate counsel and appointed Gordon & Glickson P.C. of Chicago to conduct contract negotiations with the vendors that will construct the network. The board also hired the consulting firm KPMG Peat Marwick to develop a business plan for the CHIN. The plan, which is expected to be completed by spring, will include a financial analysis, a proposal for organization of the network, a sales and marketing analysis, an implementation schedule and a risk analysis, according to network officials.

"With the dynamic changes in health care today, it makes sense for hospitals and physicians to work in a collaborative manner to develop [a program] on the information highway that meets all of our needs," said William Lewis, executive vice president of the Metro-Chicago CHIN.

CHINs are intended to improve the quality of patient care and reduce administrative costs and burdens. The computer networks allow all segments of the health care industry to communicate with one another by using integrated computers to form electronic links among physicians, hospitals, payers, employers, laboratories and pharmacies.

The CHIN board also discussed the selection criteria it will use to choose the six area hospitals that will participate in the first step in the CHIN's implementation, officials said. Specifically, the board is seeking diversity in the size, patient population and geographic location of hospitals. The board will use the criteria to ensure that participants plan to commit the necessary personnel and administrative and financial resources to the project.

Lewis said the selection criteria were mailed Feb. 3 to 77 hospitals that agreed last year to participate in and financially support the CHIN. From that pool of hospitals, two large, two midsize and two small facilities will be selected, along with three alternates, to participate in a three- to five-month pilot project, he added. As part of the pilot, consultants will conduct cost-justification analyses to determine the economic feasibility of the CHIN, Lewis explained.

The CHIN's 1995 business objectives include bringing 500 physicians associated with the pilot hospitals on-line with the CHIN by Dec. 31. The board also plans to enter contract negotiations with 20 more hospitals by year-end.

"What makes the Chicago CHIN unusual is its magnitude," said Harold Jensen, MD, chairman of the CHIN Board of Directors and an ISMS appointee to the board. "The final product will be a wonderful tool that physicians will want to use."

Since CHINs facilitate communication among health care providers, the Metro-

Chicago CHIN is expected to benefit medical practices by reducing staff time spent obtaining and exchanging clinical, diagnostic and administrative information, according to the ChinAlliance, the group of vendors selected by the board to implement the CHIN. The network will also enable area providers to send and receive critical clinical information such as patients' histories and physicals, test orders and results, medications, treat-

ment, transcribed reports and care plans.

Physicians ultimately will be able to make appointments for their patients with specialists and schedule surgery dates using the computer. In addition, the CHIN will provide the names of specialists on the approved list for a particular patient's managed care program and the procedures covered by a patient's insurance.

"With different insurance programs, not everyone covers the same things," said Dr.

Jensen. "When the information is all on the computer, you'll be able to print out what's covered, so there will be no confusion for the physician or the patient."

The CHIN will help physicians deliver high-quality care, he added. "With the CHIN, physicians can pull information together in a matter of minutes while they are focusing on a patient's problem, rather than fragmenting their thinking over two to three weeks while they wait to get all the information they need."

Although information communicated over the network will be protected by several layers of security, plans are under way to ensure CHIN data are not compromised. ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ELECTRONIC DATA INTERCHANGE (EDI) AND ELIMINATION OF THE SUPERBILL

We are all aware of the national debate concerning health care reform. There are many aspects to this reform that are going to take time, but there are some specific proposals that can be immediate. One of these is supporting a standard claim format. Blue Cross Blue Shield of Illinois (BCBSI) supports this proposition. We would like you to join us in this effort by billing your services electronically, or by using the HCFA-1500 claim form.

Electronic Data Interchange (EDI) - An electronic connection between your office and BCBSI has several advantages that will help your practice:

- ◆ **Reduced Overhead** - In comparing electronic claims vs. paper, you can expect significant savings for claim submission and inquiry, remittance advice, and eligibility inquiries.
- ◆ **Better Cash Flow** - Electronic claims are paid more quickly than paper claims.
- ◆ **Better Control** - With EDI you are informed of every step in the claims process.

Let BCBSI help get you started on the road to electronic billing. Call (312) 938-7697 for EDI information and assistance.

Standard Format Paper Billing (The HCFA-1500 Claim Form) - Most providers should be familiar with the HCFA-1500 claim form since its use was mandated for Medicare Part B use in April, 1992. If you need a BCBSI HCFA-1500 Billing Guide, you may contact the Provider Affairs Department at (312) 938-7073. HCFA-1500 claim forms may be ordered by calling or writing:

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
Attn: Pricing Desk
(202) 783-3238

American Medical Association
P.O. Box 10946
Chicago, IL 60610
Attn: Order Desk
(800) 621-8335

Superbill Elimination - Many providers still use the Superbill when submitting claims. This process is costly to your practice in both time and money. Services billed on the Superbill cause:

- ◆ **Delayed Payments** - Each Superbill must be reviewed manually, resulting in postponed checks. With EDI, checks are issued daily.
- ◆ **Data Entry Errors** - Services provided are often difficult to determine and data entry errors occur. With EDI, you input your own services.
- ◆ **Payment Confusion** - Patients often inadvertently submit their copies of the Superbill to us for processing, resulting in payment being made to the subscriber. Note: If you choose to continue billing on the Superbill, you should stamp it with a notice, such as:

"THIS IS NOT A BILL, WE HAVE BILLED BCBSI ON YOUR BEHALF"

BCBSI strongly encourages you to either bill your services electronically, or if using paper, to use the HCFA-1500 claim form. This is one positive step we can take together to fight rising health care costs.

(Issue: 02/24/95 - ALW)

Illinois Medicine

VOLUME 7, NUMBER 4

FEBRUARY 24, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

Alfred J. Clementi, MD

Richard A. Geline, MD

Raymond E. Hoffmann, MD

Jane L. Jackman, MD

Harold L. Jensen, MD

William E. Kobler, MD

David B. Littman, MD

Sandra F. Olson, MD

Janis M. Orłowski, MD

Erlo Roth, MD

Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Hard work pays off

Sometimes hard work does pay off. As this issue went to press, the Illinois House had just passed H.B. 20, a tort reform bill containing a \$500,000 cap on noneconomic awards in civil suits, indexed to inflation. ISMS and the Illinois Civil Justice League fought for the measure, and physicians thank the House for making a sound, reasoned decision. State representatives were convinced that Illinoisans deserve the same benefits that residents of states with caps have already realized.

Look at Indiana, for example. A recent Chicago Tribune story reported on the advantages of the state's damages cap: "What it means is more affordable insurance for doctors and a virtual guarantee that doctors will be available in fields where lawsuits have driven away many doctors, such as obstetrics."

These benefits are the reason we support a \$500,000 cap. A higher cap, which has been suggested by some legislators, is essentially no cap and could actually raise costs for physicians and patients. It could also increase frivolous litigation. And unfounded lawsuits increase the cost of malpractice insurance for doctors. The Illinois Department of Insurance found that the cost of defending an unmerited malpractice claim has more than doubled since 1986. Those costs are necessarily passed along to our patients.

The cost of defensive medicine is also significant. A study reported in JAMA in

1993 showed that doctors were more likely to deliver babies by C-section in areas where malpractice insurance premiums were higher and in hospitals with more malpractice claims filed against the hospital or its physicians. Of course, C-sections are more expensive and result in longer hospital stays.

We know that Ob/Gyns have been especially vulnerable to litigation because of the nature of their work. That's why some have had to stop performing high-risk procedures and others have had to stop practicing. And that has caused an access problem. In 27 counties in southern Illinois, 66 percent of the physicians who provided OB care 10 years ago no longer do so, and most have not been replaced. Consequently, hospitals in 13 of those counties have closed their OB units.

Cost-containment and improved access. Those are just two of the reasons we need a \$500,000 cap on noneconomic awards. Anything else will compromise access to care for all Illinoisans and will probably encourage frivolous lawsuits, which will increase the cost of insurance and health care.

Look for the brochure between pages 12 and 13 in this issue for more supporting material that you can share with your patients. Then, call your senator and express your support for H.B. 20. To reach him or her, call the Statehouse operator at (217) 782-2000. Be a part of the push for caps.

PRESIDENT'S LETTER

Don't wait for good things to happen

Alan M. Roman, MD



I see it not as doctors vs. lawyers, but rather a society-wide problem that affects the economic resources and the quality of life of all Illinoisans.

The day began shortly after the last one ended, almost a continuation of the night before. A pre-dawn run in sub-zero cold, followed by rounds (most of my patients were sleeping), and then a flight to Springfield for a press conference with the Illinois Civil Justice League, publicizing the need to curb lawsuit abuse.

After the league press conference, I lingered to hear the Coalition for Consumer Rights release its study du jour, with distortions against doctors that made my stomach turn and were designed to serve plaintiff lawyers by creating distrust between patients and their doctors. Curiously, most of the press left the room after the press conference ended, so few were there for the interruption, when the coalition speaker became pale and developed shortness of breath while delivering his remarks. (He declined my professional services.)

Disparaging remarks by such consumer rights groups, funded and supported by the trial bar, are disingenuous at best and downright dishonest at their worst, especially regarding the quality of medical care. It would be tragic if as a result of such studies, patients delayed seeking medical attention.

Then it was on to visits with editorial boards and TV and radio stations throughout southern Illinois, capped off by a dinner with member physicians before flying back to Springfield to testify before the House Executive Committee early the next morning.

"What's happening?" is a colloquialism I hear often these days. Whether it's on the front pages of the papers or in radio or TV coverage, what's happening is our full-court press for tort reform has become one of the most closely chronicled issues of early 1995.

Unlike our initiative 10 years ago, we are on an extremely fast track. And while previously we were free to represent our own interests and those of our patients, this time we are part of a group that represents broad interests and millions of Illinoisans seeking a \$500,000 limit on noneconomic damages, indexed to inflation, in

civil liability lawsuits. We're going to correct the dysfunctional legal system in which abuses have blurred the distinction between a lawsuit and a lottery ticket, a system in which 76 cents of every dollar awarded by juries goes for pain and suffering.

I've listened to those who profit from the legal system say that doctors are a special interest group. I've been quick to explain that we do have a special interest — our patients — and we make no apologies for that. Health care is why we are here, and our emphasis will always be on care. One wire service described tort reform as a clash of Springfield's two most influential lobbies. I see it not as doctors vs. lawyers, but rather a society-wide problem that affects the economic resources and the quality of life of all Illinoisans.

I am frequently asked, When will we get caps? My response is, when we have enough votes. We have a wonderful opportunity. We are on the right side of the issue. Defending the high ground is always easier. The time is now. You know it. I know it. The public knows it. The House Executive Committee knows it. And on Feb. 16, by passing H.B. 20, the full House proved that it knows it, too.

If there is a hope in our future, there is a tremendous power in the present. And the way we see our present will impact our future. Whether you are rural or urban, generalist or specialist, your future is not a gift of tomorrow, but rather an achievement of today.

You know the issues, the opposition and the answers. You know, too, what you must do. Call and meet with your legislators today and encourage your colleagues to do the same. Despite all our good intentions and our strategy, ultimately it comes down to how many green lights are on the legislative tote board. Tort reform will not be accomplished by me or our board chairman, trustees or staff — no matter how many late hours we work. Grassroots contact is essential to our success. You can make tort reform a reality. Don't just wait for good things to happen.

GUEST EDITORIAL

Cost-shifting produces a solid gold hernia

By Frederick Willman

Copyright © 1994, The New York Times Company. Distributed by New York Times Special Features/Syndication Sales.

America must start to laugh again, particularly in the wake of elections in which both the winning and losing parties make many of us dread the future. My own contribution is to tell my friends about my recent hernia operation.

I was in Greenwich Hospital for six hours, two of them for anesthesia and surgery; I was home by 5:30 p.m. Let's give the hospital top marks for efficiency and courtesy and acknowledge the miracles of modern surgery that have cut hospital stays for this operation from weeks to hours.

Now, I ask my friends, what do you think the hospital bill came to – not the doctors' bills, I emphasize, but the hospital bill? Five hundred dollars, they guess. I prod them to go higher. A thousand? Three thousand?

Then I let them have it: \$11,865.76, including sales tax – reduced by a hospital discount to \$11,450.46 for Empire Blue Cross and Blue Shield, which administers the fee-for-service health plan for IBM, my employer at the time. This does not include the relatively modest fees of \$2,200 for the surgeon and \$900 for the anesthesiologist.

My friends respond with disbelief and rage. Eleven thousand dollars! As much as or more than a day care worker's annual salary, the price of a small car, a year's rent.

We're talking here about cost-shifting – hospitals passing along the costs of uninsured, underinsured and cut-rate (managed care) insured to traditional fee-for-service patients and their employers. For the same operation, Medicare, squeezed by Congress' cutbacks, pays the same hospital just \$5,700; other insurance

plans, including managed care, pay \$5,000 to \$10,000.

But cost-shifting slides into price gouging when you begin to look at the individual charges. The single biggest item in my bill is "medical and surgical supplies": \$7,126. It took me three weeks to get the hospital to explain the two biggest items included in that charge.

One, for \$4,199, covers nine disposable cutting instruments and a 3-by-5-inch patch of plastic mesh. The nine small tools are a pair of scissors ("endo shears"), two clamps ("endo dissectors"), a needle, a stapler, a staple reloader ("multifire endo hernia") and three instruments ("premium surgiports") into which dissecting tools are inserted. The hospital buys these instruments as a kit and was unable to tell me the cost of individual items; the supplier referred me back to the hospital. Medical people familiar with the supplies winced when I quoted the total.

The second large supply charge is \$1,060, for three packages of specialized staples to attach mesh inside the body. "They look like regular staples," I was told. Except for the price tag: There are 12 to a package, so they cost \$29 per staple.

The fundamental wrong in cost-shifting is not a hospital's obligation to balance the books but an out-of-control health care system that is depleting resources that could be used to offer coverage for everyone. Not just people like Bob Dole, Phil Gramm and Newt Gingrich, who enjoy generous federal health benefits even while they tear down federal health legislation – but everyone.

It's hard enough to get Mr. Dole, Mr. Gramm and Mr. Gingrich to laugh about anything. But if we can get them to see that our health care system is a joke, maybe they'll begin to take it seriously.

Don't forget the Annual Meeting

The 1995 ISMS House of Delegates Annual Meeting will convene April 21-23. This year's meeting will again be held at the Oak Brook Hills Hotel, 3500 Midwest Road in Oak Brook.

The deadline for receipt of resolutions is the close of business March 21; a March 21 postmark is not sufficient. Resolutions received at ISMS offices after that date will be reviewed by the Committee on Rules and Order of Business to determine whether the House will consider them. Only delegates and voting members of the House may submit resolutions.

Resolutions should be addressed to Mr. Richard Ott, Illinois State Medical Society, 20 North Michigan Ave., Suite 700, Chicago, IL 60602.

The ISMIE Annual Meeting is scheduled for Wednesday, April 19. It will also be held at the Oak Brook Hills Hotel. ISMIE board elections will take place during the meeting.

Informational materials and meeting packets will soon be mailed to House of Delegates members. For more information about the ISMS and ISMIE annual meetings, call (312) 782-1654 or (800) 782-ISMS. ■

Call the ISMS Consultant Referral Service for help

The new ISMS Consultant Referral Service stands ready to match member physicians with experienced health care consultants. By calling the referral service, physicians can obtain the names of consultants with expertise in their area of need. The consultants can advise members on a wide range of practice management topics and managed care issues. Although



the referral is free, physicians are responsible for negotiating contract terms and paying consultants' fees. Advice and services provided by the consultants are solely their opinions and not those of ISMS. To access the service, members may call the ISMS action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. ■

GUEST EDITORIAL

Do not fear competition

By Alan Frigy, MD

Reprinted with permission from *On the Pathology Scene*.

On a recent cool fall morning I sat along the sidelines of a city soccer field watching my son's team engaged in its weekly ritual of play. As the two opposing teams moved back and forth along the field in their attempts to score a goal, I couldn't help but marvel at how well this competitive activity will prepare these young children for the future.

Ever since my youth, I have been taught to believe that a competitive spirit is healthy. It helps one to work harder to achieve a defined objective. That objective might be scoring a point during an athletic event, winning a contest such as a spelling bee, performing well on an examination or creating a successful career. It was my belief that my reward for being competitive would be achievement of my goal or the knowledge that I had done my very best in my endeavors. This outlook on competitiveness has remained with me throughout most of my adult life and has served me in good stead.

Recently I have found myself disturbed by many things happening around me in the health care field. I have witnessed extensive layoffs at the institution in which I practice. Budgets have been cut to the point that I fear for the quality of services I am able to provide. Increasing division has developed between physicians with whom I work. Physicians and hospitals treat each other with suspicion. And all of this is occurring in an atmosphere of increased competition.

These experiences have prompted me to ask myself several questions. Has my lifelong attitude about competition been wrong? Is competition now an adverse attribute by which to function? Has competitiveness, which I always viewed so favorably, now become an evil quality? Is compe-

tion no longer a friend but something to fear? After careful contemplation, my answer to these questions must be, I think not.

Competition has always required us to test not only ourselves but others as we pursue our goals. Along the way, we have had to make sacrifices, and sometimes we have had to sacrifice things very important to us. Competition has not really changed, but the stakes involved, the sacrifices to be made, the goals to be achieved and the losses to be suffered are all now of an enormous magnitude. For many of us, the stakes include the potential loss of our practices and financial security for our families. Our focus is no longer directed toward achievement but rather toward survival. Yet I contend competition has not become something to fear.

Competition remains a healthy attribute by which to conduct our lives. It is my belief, in spite of the many difficult and uncomfortable experiences that will be encountered along the way, that the new competitive atmosphere within the health care market will, in time, have beneficial effects. Many new improvements and efficiencies will be incorporated into our practices. We will undertake new and exciting procedures and technologies. And I hope that care for patients will be maintained or improved.

We must be prepared to embrace the new competitive environment in which we find ourselves. We must be prepared to put forth our best effort. And if we are unsuccessful, we must be prepared to accept our losses and to take solace in knowing that we have done our best for ourselves, for those with whom we work, for the institutions with which we are affiliated and for the patients and communities we serve. Competition may no longer hold the same meaning for us that it did, but our participation in competitive activities is essential for our survival in the future.



Dr. Frigy is chairman of the pathology department at St. Mary's Hospital in Decatur and is immediate-past president of the Illinois Society of Pathologists.

Lawmakers
take positions
on \$500,000
cap

PAGE 8

ISMIE Update

Malpractice
Roundup

PAGE 7

Use of pedicle screws highlights need for informed consent

Documented consent is particularly important for 'off-label' drugs and devices. By Rick Paszkiet

The need to document a patient's informed consent is always important. That maxim is especially true with devices that haven't received FDA approval for the purpose for which they are being used. A prime example of that situation is the use of pedicle screws, which are currently implanted in about 300,000 patients, according to the FDA.

Physicians generally use bone screws to stabilize the spine after spinal injury and to correct severe spinal curvatures and other abnormalities. Although the FDA has approved the use of the screws when they are inserted in the front of the spine and in the sacrum, the agency has not approved the use of screws in the spinal pedicle. Such a procedure requires that a pair of screws be inserted into the rear of each side of the pedicle.

"The notoriety surrounding pedicle screws began in earnest after the television program '20/20' did a story that focused on the breakage rate of pedicle screws," said David Waxman, a partner with the Chicago law firm of Arnstein & Lehr. "An attempt has been made to make pedicle screws a consumer safety issue. The result is that there has been an increased public awareness of the potential problems associated with these devices."

The FDA claims there is insufficient scientific data to establish the long-term and short-term safety and effectiveness of pedicle screws. However, in January 1995, the FDA approved the use of pedicle screws for treatment of severe spondylolisthesis and lumbar spine instability.

"Given the media attention placed on pedicle screws, the physician has to be sensitive to

the risk management issues inherent in this form of treatment," said Waxman. "The physician has to thoroughly document — whether it be through objective clinical tests or patient consultations — that this is the best form of treatment for his or her patient."

A further problem is that pedicle screws are classified by the FDA as an "off-label" device. The FDA does not actually regulate a physician's use of such devices, said Jerry Vinkler, a partner with the Oakbrook Terrace law firm Kubiesa & Power. The use of such devices and drugs has traditionally been regulated by state medical boards and individual hospitals.

"Whether a device is off label or not should have very little to do with the physician's course of treatment," added Vinkler. "The physician is ultimately basing his or her treatment on medical lit-

erature, not on FDA approvals. Unfortunately, there has been a 'chilling effect' on the use of pedicle screws. Some hospitals, in fact, are restricting their use."

The FDA has the authority to take appropriate action to ensure that physicians and patients are informed of off-label use. That includes providing inserts warning physicians about the off-label use of screws in the spinal pedicle.

"The patient's informed consent is even more vital when a device lacks FDA clearance," said Waxman. "The physician has to tell the patient some of the risks, such as breakage, associated with pedicle screws. And, as in all medical cases, the patient has to have sufficient information to make an appropriate decision."

What constitutes informed consent in this context? "Frank discussions are important. At

the very least, the physician has to make certain that his or her patient understands the use of the pedicle screws and their risks," said Thomas McNeill, MD, an orthopedist with Rush-Presbyterian-St. Luke's Medical Center. "I tell my patients the advantages and disadvantages of this form of treatment and even provide them with a model and written description of the procedure."

Dr. McNeill also informs his patients — in writing — that the pedicle screws have not been approved by the FDA.

"A patient's informed consent is an absolute necessity when it comes to off-label devices," said Michael Murphy, MD, a Belleville neurosurgeon. "When I tell the patient about this procedure, I make sure that there's another family member or someone from my office staff present to witness what I'm telling the patient. The patient also signs a disclaimer and an admission note that specifically state that the pedicle screws have not been approved by the FDA."

Dr. Murphy, who has performed hundreds of procedures using pedicle screws, emphasized that patients must be fully aware of what is meant by an off-label device. "Because of the

(Continued on page 7)

Committee helps reduce liability

ISMIE's Risk Management Committee was formed to reduce physicians' exposure to the risk of lawsuits and to help doctors and their families with the legal and emotional pressures of pending litigation.

The committee also develops educational seminars and materials including videotapes and brochures, which are continually updated, said committee chairman Jere Freidheim, MD, of Chicago. "Their objective is to prevent medical malpractice lawsuits and control that loss when it does occur."

Dr. Freidheim has served as chairman of the committee since its inception six years ago, and that involvement has resulted in personal benefits: "I have become more cognizant of the importance of risk management techniques in my own practice."

The many seminars developed by the committee address topics such as loss prevention issues through office staff training, communication and documentation, preparation for depositions and tri-

(Continued on page 7)

Ad hoc committee reviews knee arthroscopy

A 64-year-old laborer who was diagnosed with osteoarthritis was treated by an orthopedic surgeon for severe knee pain. The surgeon performed an arthroscopy on the patient's knee. After the surgery, the patient, who complained of redness, swelling and pain, visited a second doctor, who diagnosed an infection. The patient eventually required a knee fusion.

Another orthopedic surgeon performed an arthroscopy on a 40-year-old patient who had complained of a locked knee and discomfort. The arthroscopy, along with arthrotomy, were done with a lateral meniscectomy. After the procedure, the patient continued to have pain. Shortly thereafter, an X-ray was taken, revealing a foreign object that later proved to be a piece of grasping forceps.

These are just two of the 46 closed claims involving knee arthroscopy reviewed by the ISMIE Ad Hoc Committee for Orthopedic Surgery in a project with the American Academy of Orthopaedic Surgeons. Members of the ad hoc committee are Chairman Richard Geline, MD, of Skokie; James Hill, MD, of Chicago; and Richard Dominguez, MD, of Carol Stream. The reviews aim to identify risk management trends and issues, and each focuses on a particular procedure or problem.

Risk management observations related to the first case are that infection is not an uncommon complication of arthroscopy and is defensible in most cases. The issue is one of informed consent: Physicians should always document discussions with patients regarding the possibility of infection. Also important is documentation of instructions to patients at discharge. Physicians should explain the signs of infection and the need for follow-up visits.

Review of the second case resulted in recommendations that physicians perform and document an instrument and sponge count, and examine the integrity of the instruments. If the count is wrong or there is breakage, an X-ray should be performed. Patient communication is essential if a problem occurs. Doctors should keep the broken instrument as proof.

Other trends identified in the reviews are that the largest payouts have been related to nerve injuries resulting from the procedure. Another cause of suits is performing a procedure on the wrong knee. Both these issues illustrate the need for vigilance in performing the procedure.

"No one wants to talk about [malpractice]," Dr. Hill said. He added that serving on the committee helps him understand the reasons people sue and enables him "to avoid similar problems in my practice." ■

Pedicle screws

(Continued from page 6)

media hype, the FDA off-label [designation] has almost an evil connotation. This couldn't be further from the truth. Off-label devices are quite common and safe, and this has to be relayed to the patient. In fact, I've had only five broken pedicle screws out of about 2,000. If the procedure is done correctly, the breakage risks are minimal."

Although most physicians take the necessary safeguards to ensure proper patient selection for this surgery, risk management problems can arise if doctors are perceived as being "too aggressive" in recommending this form of treatment, Vinkler noted. One element of the pedicle screw debate is whether physicians can demonstrate that they have pursued other courses of treatment before suggesting pedicle surgery for patients.

"To an extent, physicians have to show why they have chosen this form of treatment," said Vinkler. "By demonstrating – and documenting – that this treatment is in the patient's best interest, physicians can better protect themselves from liability risks."

Physicians should also thoroughly document all follow-up after the insertion of pedicle screws, said Waxman. "It's only prudent for the physician to detail that all safeguards and tests, such as X-rays, were taken to ensure proper placement of the screws. As the litigation increases in this area, the physician has to be extra cautious and precise with his or her documentation." ■

Committee helps

(Continued from page 6)

al, avoidance of medication mishaps and management of difficult patients. In addition, a new seminar on reducing liability in managed care was introduced in 1994.

"Through risk training, we try to remind [physicians] how to work in a climate of malpractice," said committee member Edward Fesco, MD, of LaSalle. Their problems are compounded by the rising expectations of patients. "We can't do [all the] things that many patients think we can."

At the same time, convincing some physicians to adopt risk management techniques is challenging because they believe they are immune to problems. "We don't lecture; we just report," said Dr. Fesco. "We help physicians avoid lawsuits, which are stressful for them."

It is difficult for physicians to work in these changing times, said Drs. Freidheim and Fesco. A managed care environment requires a different approach to practicing, Dr. Freidheim added.

In addition to managed care, areas of committee review include new surgical procedures that are often outpatient and high-risk, such as laparoscopic cholecystectomies, and written guidelines for such procedures, including precautions.

The committee's work relies on the support of its ad hoc committees, Dr. Freidheim said. "Each [ad hoc] committee proposes recommendations on how to manage risk in the specialized areas." Those areas include Ob/Gyn, orthopedics, general surgery, family practice, radiology, anesthesiology, ophthalmology, laparoscopic surgery and breast implants. An ad hoc committee on managed care is also in the works. ■

MALPRACTICE ROUNDUP

Veterans not required to prove negligence

In December, the U.S. Supreme Court ruled that veterans need no longer establish medical negligence to be eligible for compensation for injuries sustained during treatment at facilities run by the U.S. Department of Veterans Affairs. The decision struck down a VA regulation instituted in 1930 that restricted compensation to cases in which negligence was established, reported the Jan. 12 issue of Medical Liability Monitor.

The plaintiff in *Brown vs. Gardner* became partially disabled after undergoing surgery for a herniated disk at a VA hospital. In its unanimous ruling, the Supreme Court upheld

a Washington, D.C., appellate court ruling that said the VA's regulation was invalid because of a 1924 law passed by Congress. That law was designed to compensate veterans who suffer injuries or aggravation of injuries "as the result of hospitalization, medical or surgical treatment" at VA facilities, the story said.

Supreme Court Justice David Souter noted that the existing legislation did not contain "so much as a word about fault." Although the VA had operated under the regulation requiring proof of negligence for 65 years, Souter concluded that a "regulation's age is no antidote to clear inconsistency with the statute." ■

ONCE AGAIN



Voltaren 25-50-75-MG TABLETS[®]
diclofenac sodium

More prescriptions worldwide in 1992 than Feldene[®], Naprosyn[®], Relafen[®], Lodine[®], and Daypro[®] combined*†

*** Based on number of prescriptions worldwide (IMS MIDAS, 6/93).**

† Feldene (piroxicam) is a registered trademark of Pfizer Inc; Naprosyn (naproxen) is a registered trademark of Syntex Puerto Rico Inc; Relafen (nabumetone) is a registered trademark of SmithKline Beecham Pharmaceuticals; Lodine (etodolac) is a registered trademark of Wyeth-Ayerst Laboratories; Daypro (oxaprozin) is a registered trademark of G.D. Searle & Co.

Please see Brief Summary of Prescribing Information on adjacent page.

ciba

© 1994, Ciba-Geigy Corporation.

Printed in USA (4/94)

388-42171-A 2

Lawmakers take positions on \$500,000 cap

REACTION: An ISMS-supported \$500,000 cap on noneconomic awards, indexed to inflation, gains support – and faces some opposition – in the General Assembly. BY MARY NOLAN

[CHICAGO] With the Feb. 16 passage of H.B. 20 in the Illinois House, caps are indeed on the fast track and will next be considered in the Senate. The bill calls for tort reform, including a \$500,000 cap on noneconomic damage awards, indexed to inflation. The cap would apply to all civil suits, including

medical malpractice cases. Prior to passage of H.B. 20, Illinois Medicine contacted several state legislators to determine their positions on the issue of a \$500,000 cap.

“A \$500,000 cap will reduce premiums for physicians, reduce health care costs and provide better patient access to

physicians in rural and nonrural areas,” said Cross, the new chairman of the House Judiciary Committee. Placing a cap on noneconomic damage awards will not infringe on injured victims’ rights to compensation, he said. “People are losing sight of that.”

New state Rep. Ron Wait (R-

Belvidere) said Illinois’ tort reform system needs to be revised to include a \$500,000 cap to “wipe out the outlandish awards given by juries.” Because of those awards, costs are skyrocketing, he added. “We need to put a fair, equitable and reasonable cap on lawsuits to prevent those awards.”

OTHER LAWMAKERS said the time has come to ease the pressure on physicians to practice defensive medicine. Many physicians fear multimillion-dollar lawsuits, they said. “A \$500,000 cap makes sense as a way of striking a balance between compensating injured parties and restraining the rising costs of malpractice insurance,” said Sen. David Barkhausen (R-Lake Forest). A \$500,000 cap would help establish greater predictability in the system, he noted.

A long-standing supporter of caps, Barkhausen said he would also like to target frivolous lawsuits. The General Assembly should look for creative ways to limit the small cases that clog the system, he explained. “The litigation costs incurred in small cases are, in the aggregate, enormous.”

Ryder said he sponsored legislation 10 years ago that resembled the current Civil Justice League measure. He said a \$500,000 cap will not only “put stability and predictability in the insurance market but stabilize medical expenses.” Ryder, too, said he believes the measure will enable doctors to practice less defensive medicine.

BUT NOT ALL Illinois lawmakers support a \$500,000 cap or a cap at any level. For example, Sen. John Cullerton (D-Chicago) said he does not favor any cap. Instead, he supports a no-fault system in which physicians would not be sued, but victims would still receive compensation.

“I do not support a \$500,000 cap on noneconomic damages for medical malpractice lawsuits because it is unconstitutional,” said Rep. Al Salvi (R-Wauconda). The cap would be unconstitutional because it is considered “special legislation” targeted only for doctors, he claimed. However, as drafted, the legislation covers all civil lawsuits.

Salvi said he planned to introduce a bill he crafted that calls for a \$1 million cap on noneconomic awards. And, in fact, such a bill was introduced Feb. 9 in the Senate. The measure is sponsored by Sen. Carl Hawkinson (R-Galesburg) and Sen. Steven Rauschenberger (R-Elgin).

“Such a cap is not a cap at all,” said ISMIE Board Chairman Harold L. Jensen, MD. “It is unacceptable because it could actually increase costs for patients and physicians. A \$1 million cap would likely encourage frivolous litigation and further clog our civil justice system. That’s why the ISMS Board of Trustees decided on a \$500,00 cap.”

“We must continue contacting our legislators, especially those who oppose a \$500,000 cap, about the need for a cap at that level, indexed to inflation, on noneconomic awards,” said ISMS President Alan M. Roman, MD. “It is essential that legislators hear from the physicians who live and work in their districts.” Members who are unsure of who represents them in Springfield are encouraged to call ISMS at (312) 782-1654 or (800) 782-ISMS, he added. ■

VOLTAREN® diclofenac sodium Delayed-Release (enteric-coated) Tablets

CATAFLAM® diclofenac potassium Immediate-Release Tablets

Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea, when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY, Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactoid-like reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous G.I. tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous G.I. tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper G.I. ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and in about 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious G.I. toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious G.I. events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal G.I. events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, though controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of G.I. toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [=the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. Of the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe attacks) have been observed in clinical trials and/or the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several baboon subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients: creatinine 2.3 mg/dL and BUN 28.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious G.I. tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of the follow-up (see WARNINGS, Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be

monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Oral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Dher Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, penicillamine, prednisolone, doxycycline, or digoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tolbutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlorthalidone, doxycycline, cephalothin, erythromycin, and sulfamethoxazole have no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree; therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m²/day approximately the human dose) have revealed no significant increases in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m²/day female rats [high-dose females had excessive mortality]), but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m²/day) in males and 1 mg/kg/day (3 mg/m²/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in in vitro point mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian in vitro and in vivo tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m²/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m²/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m²/day for rats, and 80 mg/m²/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystopia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rarer events are derived principally from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) vs. Cataflam Immediate-Release Tablets (N=196) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with Cataflam Immediate-Release Tablets, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated up to 13 weeks with Voltaren Delayed-Release Tablets. By far the most common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3%, of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.6%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

The following adverse reactions were reported in patients treated with diclofenac:

Incidence Greater Than 1% - Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps, "headache," fluid retention, abdominal distention.

Digestive: Diarrhea, indigestion, "nausea," constipation, "flatulence, liver test abnormalities," "PUB," i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness.

Skin and Appendages: Rash, pruritus.

Special Senses: Tinnitus.

*Incidence, 3% to 9% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1% - Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, *anaphylaxis*, *anaphylactoid* reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, *hepatic necrosis*, appetite change, pancreatitis with or without concomitant hepatitis, colitis.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, hemolytic anemia, *aplastic anemia*, *agranulocytosis*, purpura, allergic purpura.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, *bullous eruption*, *erythema multiforme* major, angioedema, Stevens-Johnson syndrome.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, *scotoma*.

Urogenital: Nephrotic syndrome, proteinuria, oliguria, interstitial nephritis, *papillary necrosis*, *acute renal failure*.

Incidence Less Than 1% - Causal Relationship Unknown: (Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, *flushing*, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: Bruising.

Melanolic and Nutritional Disorders: Hypoglycemia, *weight loss*.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, abnormal coordination, convulsions, *disorientation*, *psychotic* reaction.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, *exfoliative dermatitis*.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

Printed in USA

C94-2 (Rev. 3/94)

Geigy

Distributed by:
Geigy Pharmaceuticals
Ciba-Geigy Corporation
Ardley, New York 10502

Lawmakers talk

(Continued from page 1)

awards. "It is no wonder that we expect quick action on this. And it is no wonder that we have been fed up with the gridlock that has existed in the House, especially during the last four years."

Daniels noted that under his leadership the House has already passed legislation high on his agenda. One of those bills was the repeal of the state's Structural Work Act, which enabled injured workers to collect twice – under the act and through workers' compensation. The measure is a



Daniels

first step toward revamping the tort system statewide, he explained.

The next step will be for the House to "move quickly and decisively" on caps, Daniels said. A bill capping noneconomic awards in civil suits, such as malpractice cases, would reduce the escalating cost of health care, he noted.

While Daniels is working on caps in the House, the Senate is moving in a similar direction, said Sen. Peter Fitzgerald (R-Palatine). "[Tort reform] is an issue we will be revisiting."

Two years ago, legislation calling for a cap on noneconomic damage awards was introduced in the General Assembly, but there wasn't a dramatic push for caps because "we knew it was going to die" when it reached the House, he said. Fitzgerald serves on the Senate Judiciary Committee.

It is no wonder that we have been fed up with the gridlock that has existed in the House, especially during the last four years.

This year, the General Assembly will pass some of the biggest changes to the state's tort system in the past 100 years, he said. As a result of the increased attention, "caps on noneconomic losses will be much more significant [than in the past]."

Fitzgerald also presented the results of his research on noneconomic damages in Illinois. He found that the courts have allowed compensation for noneconomic losses for more than 100 years. However, in the past "someone would have had to have been a direct victim of an injury to claim a noneconomic damage." Now a relative can file a claim for damages even though he or she was not physically harmed.

Noneconomic awards typically make up a large part of big judgments, Fitzgerald noted.

To date, the Illinois General Assembly has not passed legislation addressing noneconomic losses, Fitzgerald said. However, he said he believes there are sufficient votes this session to pass a cap. ■

LEARN WITH THE LEADERS

The American Society of Hypertension invites you to attend

What To Do About Hypertension in 1995



Henry R. Black, MD, Chairman

Saturday April 8, 1995, 8:30 AM to 12:30 PM

Le Meridien Chicago 21 East Bellvue Place Chicago 312/266-2100

Audience: General internists, family practice physicians, cardiologists, nephrologists, endocrinologists, pharmacists.

Objective:

1. To review the evaluation of the hypertensive patients in light of the JNC V recommendations and modern technology.
2. To review current approaches to treating hypertension with lifestyle modifications.
3. To review the role of the renin-angiotensin system in the pathophysiology of hypertension.
4. To review current recommendations for treatment of hypertension in complicated and uncomplicated patients.

Schedule:

7:30 AM **Registration and Continental Breakfast**

8:30 AM **Program**

Modern evaluation of the hypertensive patient

Henry R. Black, MD

Role of the renin-angiotensin system in the pathophysiology and treatment of hypertension

Michael A. Weber, MD

Pharmacologic therapy for hypertension: How to choose

William J. Elliott, MD, PhD

Nonpharmacologic therapy

Norman M. Kaplan, MD

Treatment of the diabetic hypertensive

George L. Bakris, MD

Panel and audience: Discussion and analysis of diagnostic and therapeutic problems. The audience is invited to contribute problem cases for discussion.

12:30 PM **Lunch with the faculty**

Faculty:

Henry R. Black, MD, Program Chairman, Charles J. and Margaret Roberts Professor, Chairman
Department of Preventive Medicine, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois

George L. Bakris, MD, Associate Professor of Preventive Medicine

Director, Hypertension Fellowship Program, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois

William J. Elliott, MD, PhD, Associate Professor of Preventive Medicine

Section Chief, Clinical Research, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois

Norman M. Kaplan, MD, Professor of Internal Medicine

Division of Hypertension, University of Texas Southwestern Medical Center, Dallas, Texas

Michael A. Weber, MD, Professor of Medicine

University of California at Irvine, Irvine, California

This program is approved for pharmacists for 4 hours of continuing education credit (0.4CEU). ACPE I.D. No.: 680-073-95-037.

The American Society of Hypertension designates this Continuing Medical Education activity for 4 hours in Category 1 of the Physician's Recognition Award of The American Medical Association.

This program is supported in part through an educational grant from Du Pont Pharma and Merck U.S. Human Health.

REGISTRATION FORM

What To Do About Hypertension in 1995

Registration (check one):

☐ \$35.00 Preregistration ☐ \$50.00 On-site registration (No lunch guarantee) ☐ No charge: students, residents, house staff.

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

Mail, phone or fax registration form and payment to:

The American Society of Hypertension, 515 Madison Avenue, Suite 1212, New York, NY 10022

Phone: 212/644-0650 Fax: 212/644-0658

Form of payment: ☐ Check payable to The American Society of Hypertension ☐ Visa ☐ Mastercard ☐ AMEX

Card Number: _____ Expiration Date: _____

Signature: _____

Rooms are available to participants at the rate of \$130.00 single occupancy and \$155 double occupancy. Make your room reservations directly with the hotel (312/266-2100).

HOME CARE

House calls make a comeback

A Chicago physician bridges the gap when patients are unable to travel to their doctors' offices.

BY JANICE ROSENBERG

By 11:15 on a chilly January morning, Tom Cornwell, MD, has seen three patients and traveled many miles. The patients he tends are homebound and unlikely to see a physician on their own. Some have been ill for years but are physically unable to get to a doctor's office. In many cases, Dr. Cornwell works as a stopgap for patients until they are well enough to see their own physicians again.

Dr. Cornwell, a family physician based in Naperville, serves as the medical director for the Illinois franchise of the organization Call Doctor Inc. Illinois' Call Doc was started in 1993 by Rockford family physician Charles de Haan, MD.

"Our goal is to support family care physicians," said Dr. de Haan. "We're their eyes and ears away from their offices. House calls don't fit into their schedules the way they did 40 years ago. We focus only on house calls, so we can do them more efficiently."

"One of the big things we do is give continuity of care to the patients we see," Dr. Cornwell said. "Before this, most didn't see doctors until the inevitable disaster occurred."

INSIDE A TYPICAL BUNGALOW on Chicago's northwest side, two caretakers eagerly awaited Dr. Cornwell's arrival. Their patient is homebound with end-stage

Parkinson's disease. While paramedic Albert Otano checked the patient's vital signs, Dr. Cornwell talked to the caretakers about the woman's condition and her medications. They said they were concerned about her feeding tube. After examining the patient, Dr. Cornwell determined that the tube needed to be surgically replaced.

Although the visit was routine, Dr. Cornwell said it enabled him to arrange for the woman to have an outpatient surgical procedure before her condition turned into an emergency. And by performing the necessary preoperative testing at home, he saved the woman a trip by ambulance to the hospital.

His vehicle is equipped with a portable X-ray machine and X-ray processor, a centrifuge for blood work, a briefcase-sized 12-lead EKG with a printer for

results, a refrigerator, materials to make casts, and assorted needles, medicines and other supplies. A locked cabinet serves as a traveling pharmacy. Dr. Cornwell also uses a portable fax machine, a cellular telephone and a laptop computer.

Dr. Cornwell sees about 10 patients in a typical day. In its first year, Illinois Call Doc made about 2,000 house calls, serving roughly 600 patients. That figure represents about 2.5 percent of all the house calls made in the United States that year, he said.

One of Dr. Cornwell's goals is to keep patients out of emergency rooms. For example, one patient called 911



HOME CARE

Medicare pays physicians for home care supervision

Physicians can now be reimbursed by Medicare for the time they spend supervising patients' home health care plans. As of Jan. 1, a change in the Medicare Part B fee schedule allows physicians to bill for 30 to 60 minutes of care plan oversight each month, said Rebecca Zuber, a health care consultant in Chicago and a participant in ISMS' Consultant Referral Service. The coverage is limited to patients who are receiving Medicare-covered home care or hospice services, she said. Oversight does not apply to patients in skilled nursing facilities.

"This is a big change. Physicians can now be reimbursed for telephone contact and for reviewing clinical reports provided by home health agencies and for developing original care plans. This should make it easier for physicians to maintain a good level of involvement with their home health care patients."

To be reimbursed, physicians must provide a service that requires face-to-face contact with the



patient in the six months prior to the first billing for care plan oversight services, Zuber explained. In addition, doctors must document the dates and length of time spent on oversight services. They must not have a significant financial relationship with the patient's home care agency or hospice, she added.

The average reimbursement for supervision per patient will be about \$60 per month, Zuber said. And only one physician may be reimbursed per patient each month. Physicians providing oversight care during a postsurgical period can be reimbursed only if the care plan oversight is documented as unrelated to the surgery, she noted.

Unlike home care services, which are covered under Medicare Part A, oversight services are billed under Medicare Part B. Therefore, patients without other insurance are responsible for a 20-percent co-payment of about \$12 per month, Zuber said. ■

—Janice Rosenberg

more than 17 times in four months. Each time, he traveled by ambulance to the closest emergency room. In addition, the patient called private ambulances to take him to other hospitals at least a dozen more times, he noted.

Dr. Cornwell began seeing the patient in June 1994. "He had a hernia that kept coming out. Each time, he went to the ER to have it put back in. Because of Parkinson's disease, high blood pressure and diabetes, he wasn't a good surgical candidate."

Once he became Dr. Cornwell's patient, the man started calling Call Doc when he needed help with his hernia. Between June and October 1994, the patient returned to the emergency room only twice. Dr. Cornwell treated his various ailments, and, at Dr. Cornwell's suggestion, the patient had a feeding tube inserted.

"He got so much better because of the tube feedings, he was able to have his hernia surgically repaired. Now he's up and around and able to go to church."

Dr. Cornwell also works hard to keep patients out of the hospital. Bed sores are a common problem for homebound patients, he said. The usual treatment involves a two- to six-week hospital stay and eventual surgery, which can average \$65,000. Dr. Cornwell said he works with home health nurses to treat patients' bed sores at home.

"There was one patient we treated and then didn't have to see again for three months. Once we get good granulation tissue, and there's no more dead tissue to remove, we show the nurses how to change the dressings and tell them to call us if there's a problem."

Some physicians, like Michael Vosicky, DO, refer their patients to Call Doc. Dr. Vosicky recently took over a Warrenville family practice that included many elderly patients. A man whom Dr. Vosicky had never seen called him complaining of a bad cold. The patient had no way to go to the office or to the ER except by ambulance. So Dr. Vosicky recommended Call Doc.

Dr. Cornwell went out to see the man and, with the help of his portable X-ray machine, diagnosed severe bronchitis and prescribed antibiotics. The patient recovered and saw Dr. Vosicky for a follow-up visit.

In another instance, one of Dr. Vosicky's patients

went to an ER by ambulance for a severe nosebleed. The next day, the patient needed the packing in his nose removed. Dr. Cornwell visited him at home, saving the man another ambulance trip to the ER or to Dr. Vosicky's office.

"Treating patients over the phone is dangerous," Dr. Vosicky explained. "We frown upon it in our practice. But due to the hours, we can't make house calls. The majority of our patients can come in, but we feel fortunate to have someone who can go out to their houses when it's absolutely needed."

SOME PATIENTS will not seek medical care even in the most dire circumstances, Dr. Cornwell said. For instance, a woman called paramedics after she found her husband passed out on the floor. The man revived and refused to go to the hospital. Five days later, the woman called Dr. Cornwell because her husband had suffered three seizures since his fall. Over the phone, Dr. Cornwell insisted that the patient go to the hospital, but the woman said her husband would not go.

"We came out hoping to convince him to go to the hospital," Dr. Cornwell said. "We did a complete physical, as we do on everyone we see, and we discovered that his blood sugars were extremely low from over-medication. Because we did a home visit, we had access to his log, which showed his blood sugar at 41 the day of the fall. It made us think the seizures could be due to the hypoglycemia, not the fall. Had he gone to the hospital, they would have assumed his seizures were from the head injury, as I originally did. We got his blood sugars under control, and the patient agreed to have an outpatient CT scan, which proved normal."

Still other patients have been ill for years with little or no medical treatment. Dr. Cornwell cited a doctor-phobic diabetic who had been treating himself for 25 years. The man's wife called Dr. Cornwell only after the man's speech became garbled and he was unable to walk straight. The man had been taking 40 units of insulin a day. But when he heard about the new human insulin, he switched himself to that without knowing he needed to lower his dosage,

(Continued on page 12)

IDPR DISCIPLINES

This information is reprinted from the Illinois Department of Professional Regulation's monthly disciplinary report. IDPR is solely responsible for its content.

November 1994

Luis O. Bacayo, Ransom – physician and surgeon license placed on probation for five years and controlled substance license suspended for two years followed by probation for three years after allegedly prescribing medications in a nontherapeutic manner and making comments to a department investigator regarding the investigator's personal life.

Eugene Landrum, Chicago – physician and surgeon license indefinitely suspended and controlled substance license revoked after allegedly violating conditions of a previously ordered probation.

Stephen C. Nesnidal, River Forest – physician and surgeon license issued and placed on probation for three years after responding affirmatively to a personal history question on application.

House calls

(Continued from page 11)

Dr. Cornwell recalled.

When Dr. Cornwell went to the patient's home, he discovered the man owned a glucose monitor, but that it had never been taken out of the box. Dr. Cornwell taught the man how to use the monitor, corrected his insulin dosage and suggested he have cataract surgery.

"I told him that he could have [surgery] as an outpatient and that it would improve his quality of life."

Three weeks later, the man had the surgery and was satisfied, Dr. Cornwell noted. "What shocks me about this job are these patients who are fearful of seeing a doctor. But when you're on their turf, they're willing to comply."

Most of Dr. Cornwell's patients are referred by home health services. Chicago

go internist Gail Herman, MD, learned of Dr. Cornwell and Call Doc through a visiting nurse who was seeing one of her patients. "This patient calls me with problems, but there is no way for her to come to my office," Dr. Herman said. "Dr. Cornwell has been very helpful. It's nice to have some way of having your patients evaluated by a physician when they can't come in." ■

ICJL promotes caps

(Continued from page 1)

number of lawsuits filed against physicians has doubled, and the malpractice insurance expenses for doctors have increased." Those costs are passed directly to patients, he noted.

In addition, the explosion in medical malpractice litigation has contributed to a shortage of physicians, especially in southern Illinois, Dr. Roman said. Thirty Downstate counties have no Ob/Gyns, and 16 counties have limited or no hospital OB facilities.

Without the availability of a wide range of medical services in some counties, patients there bear the burden because they are not receiving the quality of care they want, Dr. Roman explained. "The public this past year asked for a health care system that would be more effective in controlling costs and providing care." It would be a tragic mistake not to fulfill that request, he added.



Murnane

Passage of legislation imposing a \$500,000 cap on noneconomic awards is urgently needed because it would ensure that patients' access to doctors was not restricted and that physicians could practice less defensive medicine, Dr. Roman said. "It is a direct strike at the professional competence of physicians if tort reform is not passed."

Other Civil Justice League members, including elected officials and representatives of community organizations, also spoke in favor of the caps bill. Hanover Park Mayor Sonya Crawshaw said she

Ron Ackerman

strongly favors the legislation and the work of the Civil Justice League. "It is extremely important to get a handle on this situation." The "deep-pocket syndrome" of the current civil justice system must be ended, she said.

Robert Atherton, a businessman who employs 25 to 30 people at a metal machine shop in Des Plaines, said he has been negatively affected by the threat of lawsuits for the past 25 years. "Tort reform is needed, and it has been needed for years."

"There is no doubt in my mind that caps will reduce the cost of health care and limit the amount of plaintiffs filing lawsuits," said Sen. Peter Fitzgerald (R-Palatine), one of the sponsors of the Civil Justice League bill in the Senate.

Although similar legislation has been introduced in past legislative sessions, this year marks the first time the political climate in the General Assembly favors its passage. ■

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

IMMEDIATELY AVAILABLE

THRIVING FAMILY PRACTICE

Princeton, IL

Due to the sudden death of a well loved, community minded family physician, an active family practice in a brand new office setting is available to the right candidate...now!

Princeton offers for your family:

- Quality education with excellent schools
- Access to major metropolitan areas within one hour
 - Recreation for all seasons
 - Economically viable community

Enjoyable and enriching professional environment for B/C or B/P family practitioner. Respond to:

Don Evans

530 Park Ave. East

Princeton, IL 61356

815-875-2811, ext. 2251, fax 815-875-8804

Video available



**Perry
Memorial
Hospital**

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

BC/BE internist for 84-physician multispecialty group on the scenic bluffs overlooking the Mississippi River where Iowa, Illinois and Wisconsin meet. Excellent call schedule in this 17-member department of physician-owned clinic with its own HMO. Professional administration enables physicians to concentrate on the practice of medicine. Outstanding lifestyle, excellent income guarantee, complete benefits and ownership eligibility. Call or send CV to Denis Albright, Medical Associates Clinic, 1000 Langworthy, Dubuque, IA 52001; (800) 648-6868.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Remember when ... Remember when life seemed a little less stressful and a whole lot more fulfilling? Begin again in the Land of Lincoln! We seek a caring, quality family practitioner to serve a draw population of 154,000, working part-time at an FP center and part-time at a rural health clinic. Gain professional and financial satisfaction while making your mark in this solid, Midwestern, family-oriented, safe, education-oriented, friendly community. \$140,000, incentive bonuses, paid benefits. Associate with 207-bed hospital positioned for growth and success well into the 21st century! Call David Reeves for more information, (800) 235-6745.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Primary care: For more than two decades, the staff of Physician Search Ltd. has provided career placement in the metropolitan Chicago area to board-certified specialists. We welcome the opportunity to work with you in a practice match. Please call Diane Temple, (708) 654-0761; fax (708) 654-9788; 440 E. Ogden Ave., Hinsdale, IL 60521.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740 or fax (309) 685-1997.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353 or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Merrill, Wisconsin
Family Practice

When you join a practice in Merrill, Wisconsin, you'll be close to what is important to you: your practice, and your family.

A practice in Merrill, Wisconsin, means you're in the middle of safe, thriving areas offering diverse commercial interests, cultural variety, all-season recreation, and highly-rated school systems. You will receive a wide range of benefits including an excellent compensation package while practicing in a smaller, personalized environment.

We offer a lot and would like to also tell you what we don't offer: high cost of living, pollution, crime, congestion, and traffic.

For more information on practices in Merrill, Wisconsin, please contact:

Sam Holte, 1-800-766-7765.
FAX: (715) 847-2984. Wausau Regional Healthcare, Inc., 3000 Westhill Dr., Suite 202, Wausau, Wisconsin 54401.



Wausau Regional Health Care, Inc.
Divisions: Medford Clinic • Mosinee Family Clinic

Classified Advertising

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Emergency medicine opportunities, Midwest: Excellent long-term career options available in rustic and rural communities. Extensive experience in emergency or ambulatory adult/pediatric medicine. Certification in a primary specialty, ACLS required. For immediate consideration, please call the vice president of physician recruitment at (708) 654-0761 or fax your CV to (708) 654-9788.

Quad Cities: Family practitioners needed for expanding group and hospital-affiliated practices throughout the greater Quad Cities area. Established call coverage, major medical center affiliation and competitive compensation package. For information on these and other opportunities, contact Mike Krier at (800) 243-4353.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Family practice position: Board-certified or board-prepared physician needed for new clinic in the growing Winnebago County area in northern Illinois. The clinic is designated with IDPH for loan repayment for Illinois but not for federal repayment. As part of OSF Healthcare and Saint Anthony Medical Center in Rockford, this is a full-time, salaried position with comprehensive benefits. Call is one in four. Contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-1997 for consideration.

Family practice: Leading 300-plus physician group based in southwestern Wisconsin seeks additional family practitioners for established branch clinics in Wisconsin and Iowa. Attractive group practices offer a professional and stimulating environment with shared call coverage, modern local hospitals, strong specialty network and competitive compensation package. Practice settings vary from a scenic college town to a picturesque Mississippi River community. For details, call Mike Krier at (800) 243-4353.

Physician wanted: Community Care for the Elderly is looking for a board-certified internist or family practitioner with an interest in the care of the elderly. The position offers an opportunity to care for the frail elderly of the community in an adult health care center and clinic. An understanding of the elderly and the ability to work with a multidisciplinary team is needed. The positions available are for part-time and full-time practice. Interested individuals should contact Mary Gavinski, MD, Medical Director, Community Care for the Elderly, 5228 W. Fond du Lac Ave., Milwaukee, WI 53216; (414) 536-2110, ext. 254.

Thriving family practice, immediately available: Princeton. Due to the sudden death of a well-loved, community-minded family physician, an active family practice in a brand-new office setting is available to the right candidate – now! Enjoyable and enriching professional environment for BC or BP family practitioner. Respond to Don Evans, 530 Park Ave. East, Princeton, IL 61356; (815) 875-2811, ext. 2251; fax (815) 875-8804. Video available.

Situations Wanted

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 296-9999. The coffee's bad, but the experience is heartwarming.

Certified gynecologist/family practice, seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Short-funded retired radiologist, ABR certified, licensed in Illinois, seeks Illinois nuclear medicine and/or radiation oncology position. In radiological practice from 1952-86. Phone James E. Turner, MD, (708) 584-0986.

For Sale, Lease or Rent

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week winter season, \$365 off-season. (608) 231-1003.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking; walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Medical building for sale in Rockford has five examining rooms, X-ray and lab, reception and waiting room – \$186,000. Please call (815) 626-4036.

Downtown Chicago: For lease, 2,244-square-foot area. Close to Loop and major medical centers. Built out for physician's office. Secure building. Adjacent parking. Call (312) 829-1424.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours – days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible – 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Miscellaneous

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements – \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Available to Illinois State Medical Society members from Deutsch Luggage: Special low prices on quality brand-name luggage, business cases and corporate gifts. Call Ken Levine at (312) 939-2935 or fax (312) 939-2353 for catalogs. Deutsch Luggage, four locations: 39 W. Van Buren and 40 W. Lake St., Chicago; Skokie; and Oak Brook.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

"Fourth Annual Neurology for Primary Care Physicians," May 19-20, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

Improve your cash flow and profitability. Submit your claims electronically and receive reimbursements in two weeks. Certified electronic claims professional. Full-service billing, including electronic claim processing, primary/secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Services Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Illinois Medicine Classified Display Advertising

Place your ad here and combine outstanding visibility with low rates. Send us camera-ready artwork or a business card, 3 inches wide by 1½ inches deep, with your order. Cost is \$200 per issue, noncommissionable; discounts are available for ISMS members.

To learn more about classified display opportunities, call (312) 782-1654.

Caps pass House

(Continued from page 1)

"This bill attempts to bring fairness and efficiency to our legal system. It compensates, not rewards, people who have been harmed by the system."

At a Feb. 8 House Executive Committee hearing on caps, ISMS and the Illinois Civil Justice League testified. "Some say that this legislation is business reform. That is not true," said Ed Murnane, league president. He explained to committee members that the league is composed of representatives of diverse organizations across the state, such as ISMS, small businesses, local governments and farmers. Those groups and individuals have banded together in support of tort reform to correct the problems posed by the current civil justice system, Murnane said. "They all believe the system has gotten out of hand."

Since 1985, the average award payment in medical malpractice suits in Illinois has more than doubled, jumping to nearly \$400,000, Dr. Roman noted in his testimony. During that same time, awards of more than \$1 million have increased by more than 50 percent. In addition, the number of malpractice claims filed against Illinois physicians has doubled, and more than half the doctors who practice in the state have been sued at least once, he said. However, of the claims against all Illinois physicians, the number that proved groundless and closed with no indemnity increased from 73 percent in 1986 to 80 percent in 1992, according to the Illinois Department of Insurance.

In his remarks, Dr. Roman emphasized cost, quality and access, three areas that would be improved through tort reform, he said. "The cost is high, and it impacts our physicians." But more

importantly, the rising costs associated with litigation affect patients, he added. When doctors are hit with significant increases in their malpractice insurance premiums, their patients must bear the cost, Dr. Roman explained. And when physicians are forced to practice defensive medicine because of the fear of being sued, patients pay even more.

The current medical malpractice climate also decreases patients' access, Dr. Roman said. For example, 26 of the 77 neighborhoods in Chicago are designated by the federal government as having a shortage of doctors, and 16 counties in southern Illinois lack adequate OB facilities, he explained. "The high cost of mal-

practice liability has driven doctors and facilities out of these areas." Only a reasonable limit of \$500,000 on noneconomic awards will restore fairness and balance to the tort system, he added.

Opponents of caps legislation, mainly plaintiff attorneys, testified at the beginning of the hearing, claiming the legislation would not address frivolous lawsuits. But Dr. Roman said capping noneconomic awards would provide less incentive for individuals to file nonmeritorious suits.

The day after the hearing, two senators introduced a bill that includes a \$1 million cap on noneconomic damage awards. "A \$1 million cap is a sham and would still be an incentive for frivolous

lawsuits," said ISMIE Board Chairman Harold L. Jensen, MD. "That's why physicians are lobbying for a \$500,000 cap indexed to inflation. It would ensure all the benefits to Illinoisans that were outlined in the hearing while allowing fair compensation to plaintiffs."

In response to the full House vote, Dr. Roman said: "The House victory is momentous for citizens, taxpayers and especially patients in our state. The House has taken a giant step toward removing the lottery element from our legal system while preserving the essential rights of the truly injured. Let's keep our momentum going. All of us have a stake in reforming an out-of-control system." ■



**"I'm glad
I was
covered by
the PBT
Long Term
Disability
Plan!"**
**("And I'm glad
I had a hand in
its design.")**

"With the PBT Long Term Disability Plan, I didn't have to worry..."

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Plans

PBT **Benefit** **Mini-Briefing**

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

“It’s *frustrating* when people who aren’t doctors make decisions that affect my practice. Knowing physicians run ISMIE is such a *relief*. My concerns are their concerns too.”



The government. Health insurers. Hospital administrators. With so many organizations and people who aren't physicians impacting medicine, it helps to have an ally that sees the world the way you do. Like the Illinois State Medical Inter-Insurance Exchange. ISMIE is owned, managed and guided by physicians. That means doctors have input into every decision, from underwriting criteria to risk management programs to the best way to resolve each case. So trust your professional liability coverage to the company that puts physicians' needs first. After all, ISMIE doesn't just insure doctors. We are doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

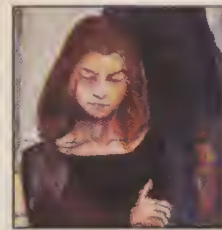
03/20/95

ACCESS TO
specialists key
issue for
patients

PAGE 6

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • MARCH 10 1995



When eating
disorders
consume
patients

PAGE 8

Senate roll call vote on H.B. 20

YES

Barkhausen (R-Lake Bluff)
Burzynski (R-Sycamore)
Butler (R-Des Plaines)
Cronin (R-Elmhurst)
DeAngelis (R-Chicago Hts.)
Dillard (R-Westmont)
Donahue (R-Quincy)
Dudycz (R-Chicago)
R. Dunn (R-DuQuoin)
Fawell (R-Wheaton)
Fitzgerald (R-Palatine)
Geo-Karis (R-Zion)
Hasara (R-Springfield)
Hawkinson (R-Galesburg)
Jacobs (D-Moline)
Karpel (R-Roselle)
Klemm (R-Crystal Lake)
Laufen (R-Geneva)
Madigan (R-Lincoln)
Mahar (R-Orland Park)
Maitland (R-Bloomington)
O'Daniel (D-Mt. Vernon)
O'Malley (R-Palos Park)
Parker (R-Northbrook)
Peterson (R-Prairie View)
Petka (R-Plainfield)
Philip (R-Wood Dale)
Raica (R-LaGrange)
Rauschenberger (R-Elgin)
Rea (D-Christopher)
Sieben (R-Geneseo)
Syverson (R-Rockford)
Walsh (R-Westchester)
Watson (R-Carlyle)
Weaver (R-Urbana)
Woodyard (R-Crisman)

NO

Berman (D-Chicago)
Bowles (D-Edwardsville)
Carroll (D-Chicago)
Cullerton (D-Chicago)
del Valle (D-Chicago)
DeLeo (D-Chicago)
Demuzio (D-Carlinville)
T. Dunn (D-Joliet)
Farley (D-Chicago)
Garcia (D-Chicago)
Jones (D-Chicago)
Molaro (D-Chicago)
Palmer (D-Chicago)
Severns (D-Decatur)
Shadid (D-Edwards)
Shaw (D-Chicago)
Smith (D-Chicago)
Trotter (D-Chicago)
Viverito (D-Burbank)
Welch (D-Peru)

Not voting
Collins (D-Chicago)
Hall (D-East St. Louis)
Hendon (D-Chicago)

\$500,000 cap passes

TORT REFORM: A comprehensive bill including a cap on noneconomic awards advances from the General Assembly. BY MARY NOLAN

[SPRINGFIELD] H.B. 20, a comprehensive tort reform bill, passed the state Senate March 3 by a vote of 36-20, two days after advancing from the Senate Judiciary Committee by a vote of 7-3. Supported by ISMS and the Illinois Civil Justice League, the bill features a \$500,000 cap on noneconomic damage awards, indexed to inflation, for all civil lawsuits, including medical malpractice cases. The measure passed the House of Representatives Feb. 16 and will next be sent to Gov. Jim Edgar for consideration.

Other medical malpractice provisions in the legislation modify the Petrillo doctrine, prohibit the naming of fictitious parties in complaints, tighten the affidavit of merit requirement, abolish joint and several liability and strengthen the requirements for expert witness testimony.

"The passage of H.B. 20 through the Senate is a vivid testimonial to the collective strength of organized medicine," said ISMS President Alan M. Roman, MD. "The calls, letters and visits by our physician members were cited by several senators as being instrumental in shaping their opinion. Physicians I've talked with are overjoyed at



H.B. 20 sponsors Barkhausen, Dillard and Fitzgerald (left to right) review the bill at a Feb. 23 meeting in Chicago.

the realization that tort reform has finally become a reality in Illinois."

During floor debate, 16 Democrats spoke in opposition to the bill, many reading from prepared remarks. Among the problems they cited were reduced account-

ability for product manufacturers, the nullification of existing case law and the perceived disproportionate effect of caps on women and children.

Responding to the latter concern was Sen. Doris Karpel (R-Roselle). "Scare tactics should not be used in public debate on this issue." Noneconomic awards should not be used to bolster inequities in economic damages, and economic awards for women are higher if they earn more, she noted. "I'd like to see women [consistently] earn more, but not through the tort system."

H.B. 20 sponsor Sen. Peter Fitzgerald (R-Palatine) responded to the concern about whether high awards promote product safety. When the cost of liability is added to the cost of new products like cars, those products are not as competitive as old ones, he said. "[Without tort reform], the system is counterproductive."

During floor debate, H.B. 20 sponsor Sen. Dan Cronin (R-Elmhurst) rebutted opponents' arguments, emphasizing the importance of disclosing the identity of the medical reviewer who certifies the merit of a medical malpractice case. "This is impor-

(Continued on page 13)

Hastert blasts federal defensive medicine survey

COMMENTS: U.S. Rep. J. Dennis Hastert says a U.S. Office of Technology Assessment study lacks credibility. BY KATHLEEN FUREORE

[WASHINGTON] Emphasizing the enormous impact of defensive medicine on health care costs, U.S. Rep. J. Dennis Hastert (R-Batavia) challenged the accuracy of a federal survey that found that defensive medicine is a limited phenomenon with only minimal impact on health care costs.

In a Jan. 27 letter to the U.S. Office of Technology Assessment, Hastert questioned the assertions of the agency's 1994 report "Defensive Medicine and Medical Malpractice." He told



Hastert

Illinois Medicine that a Feb. 6 response from the agency was "shoddy work. It was a self-defeating report in the first place. And [in its response], the OTA defeats its own argument. The OTA's response doesn't explain or reveal anything [new]."

The report and the OTA's subsequent defense of that report conceded that it is impossible to accurately quantify the cost of defensive medicine, said Hastert, chief deputy whip in the U.S. House of Representatives, during a

phone interview from his Capitol Hill office. Yet the OTA measured the impact of defensive medicine as minimal.

The OTA report "severely lacks credibility and employs several methods that appear designed to intentionally underestimate the phenomenon of defensive medicine," Hastert

(Continued on page 14)

INSIDE

Illinois physician
receives HHS
award

PAGE 3

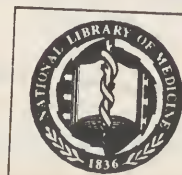
DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update7

Classifieds11



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Council's programs enhance image of ISMS physicians

Implementing a comprehensive AIDS education program for teens and updating a booklet to help senior citizens communicate with physicians are two ongoing projects of ISMS' Council on Public Relations and Membership Services, said council chairman Morgan Meyer, MD. The council plans and executes programs that enhance relationships between doctors and the media and public. It also oversees the development of programs aimed at recruiting and retaining Society members, said Dr. Meyer, of Lombard. "We're trying to ensure the image of physicians and the practice of medicine in the state."

ISMS' "AIDS and Adolescents" campaign is part of a long-term teen health program the council is directing, Dr. Meyer noted. The project includes a brochure titled "Straight Talk to Teens About: Sex, AIDS & Disease" and public service announcements featuring Chicago Bear Chris Zorich and former Chicago Bulls guard John Paxson. In the works is a video in which ISMS member physicians answer questions from Illinois teens, sports figures and celebrities such as Mayim Bialik from the TV show "Blossom." In addition, many physicians participate in an ISMS speakers bureau and travel to Illinois

schools to talk to students about AIDS.

"Being an Ob/Gyn, I feel the new teen brochure on AIDS and STDs is especially important," said Tim Kisabeth, MD, a council member from Alton. "A lot of information needs to be put forth in language teens can understand. They're the most at-risk population because they think they're invincible. Teens need to be aware that with many of these diseases, once you get them, they're yours for life."

The council is fulfilling an important role by focusing on teen health issues, Dr. Kisabeth added. "One of the best things the Society can do is be an educator. And teens are one of the best crowds to educate."

A Spanish version of ISMS' AIDS brochure is also in progress, Dr. Meyer noted. And next on the council's agenda is a brochure encouraging teens to stop using tobacco.

The council is also revising educational materials for its senior citizen outreach program, "Partners for Health." The new pamphlet will offer up-to-date information about Medicare and maintenance of accurate health



records. Also under way is the revitalization of a physician speakers bureau to present information to senior groups, Dr. Meyer said.

Previous council achievements include the production of kits detailing organ donation, power of attorney for health care and living wills.

EACH YEAR during the Society's Annual Meeting, ISMS presents public service awards – one for a physician who has enhanced medical standards and provided outstanding community service and another for a nonphysician who has promoted public health. The council recommends the winners to the ISMS Board of Trustees for approval. In addition, ISMS, in conjunction with the Illinois Press Association, presents a medical writing award to a member of the lay press for articles that increase awareness of important medical issues. The council reviews the contest submissions and chooses the award winner, Dr. Meyer said.

Training physicians to work with the media is another key council function, said council member Susan Emmerson, MD, of Bloomington. Speaker training

is especially crucial in light of continuing media attention to caps on noneconomic damage awards and health care reform, she noted. "With [the debate about] tort reform and health care reform focused on how physicians are contributing or not contributing to the health care crisis, it is very important to be able to get our message across in a clear and nonintimidating way. The speaker training program teaches physicians how to be interviewed, so we're not overwhelmed by or uncomfortable with the media."

The council also oversees the writing and production of the monthly public health column "Your Health Matters." The column is sent to newspapers around the state, and many papers regularly reprint the articles. Information about current ISMS projects and activities is distributed to county medical societies in a special newsletter, Dr. Meyer said.

Membership services, too, have been council priorities. For example, the council recently helped craft and ultimately approved a proposal to boost ISMS membership by introducing a pilot program for three-month trial memberships and an incentive program rewarding physicians for recruiting their peers. ■

DISCOVER A TREASURE

Still seeking the mythical practice of your dreams? It may be closer than you think.

You can be part of a system that provides full healthcare delivery and still respects the roles of individual physicians. Reward yourself with a practice that allows you to focus on your patients, with as much input into operational issues as you wish. Choose from a variety of practice settings, all with outstanding call schedules. Academic affiliations are available.

These gems are located in a safe, flourishing community which offers a rich lifestyle. Its vibrant and diverse cultural blend is reflected in unique, affordable homes and annual festivals. Beautiful parks and lakefronts are host to a spectacular array of social and recreational opportunities.

We need Family Practice, Internal Medicine, and OB/GYN physicians to share in the riches. To learn more about these rare opportunities, contact Aggie Koss, James Russell, Inc., PO Box 427, Bloomington, IL 61702-0427. 800-822-2566 ext. 226.

MILWAUKEE, WISCONSIN

Infant mortality declines

[SPRINGFIELD] Illinois' 1993 infant mortality rate dropped to an all-time low, and the number of babies born to Illinois teen-agers in 1993 declined to the lowest level since 1988, according to statistics released by the Illinois Department of Public Health.

The 1993 infant mortality rate of 9.6 deaths per 1,000 live births was down from 10 deaths per 1,000 in 1992. However, the mortality rate rose slightly for Chicago, from 13.3 deaths per 1,000 in 1992 to 13.7 in 1993, IDPH said. Since 1991, the state's infant mortality rate has dropped by 10.3 percent.

Teen-age mothers gave birth to 24,395 babies in 1993, which represented 12.8 percent of the total 190,709 babies born in the state last year. Those figures were down slightly from 1992, when Illinois teens gave birth to 24,601 infants, which accounted for 12.9 percent of all births, IDPH officials said. Notably, 83.5 percent of the teens who gave birth in 1993 were single.

Although encouraged by the declines, more effort is necessary to help women understand the importance of prenatal care and the risks of early parenthood, said IDPH Director John Lumpkin, MD. He called on physicians and other teen role models to spread the message that postponing sexual activity is the new "health-oriented social norm."

"Kids see and hear about sex day and night but almost never in a responsible context," Dr. Lumpkin added. "Teen-agers must understand that premature sexual activity not only increases the risks of AIDS and HIV infection and sexually transmitted diseases, but also that pregnancy leaves them with questions of continuing education, welfare, poverty and future productivity." ■

Organ transplantation hearings scheduled

[SPRINGFIELD] Illinois' Task Force on Organ Transplantation, which was established by the General Assembly, is conducting a series of public hearings on the medical, ethical, legal and socioeconomic issues of organ and tissue procurement and transplantation. Upcoming hearings will be held March 14 in Peoria at the Zeller Mental Health Center auditorium, 5407 N. University; March 28 in Chicago at the James R. Thompson Center, Room 9-040, 100 W. Randolph; and April 25 in Carbondale at Southern Illinois University, Lawson Hall Room 121. All hearings will run from 2:30 p.m. to 6 p.m.

The task force is soliciting testimony about such issues as education of health professionals who could be involved in procurement and possible legislation to make organ transplants more accessible for Illinoisans.

For more information or to preregister to testify, call Sherwood Zimmerman at the Illinois Department of Public Health at (217) 785-2040. ■

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois physician receives HHS award

RECOGNITION: Dr. Stanley Rousonelos is honored for his work at a Joliet free clinic. BY MINDY KOLOF

[CHICAGO] Recognizing his groundbreaking work in establishing one of the state's first free clinics, the U.S. Department of Health and Human Services presented its Award for Community Leadership to Stanley Rousonelos, MD, of Joliet. Known to his patients as Dr. Stan, Dr. Rousonelos was one of only nine individuals throughout the country to receive a 1995 HHS leadership award. He was honored for the key role he has played in the success of the Will-Grundy Medical Clinic in Joliet.

Dr. Rousonelos received his award during a Feb. 9 presentation ceremony in Chicago. The national awards are granted every two years to individuals and organizations involved in programs that promote community health. The selection is based on the extent of coordination between the public and private sectors, the objectives and strategies, creativity and the ease with which the program could be replicated.

A physician in the Joliet area for 37 years, Dr. Rousonelos has treated thousands of local patients, delivering 3,000 of them personally, said Julia Dyer, MD, deputy medical director for the Illinois Department of Public Health, who presided over the ceremony.

Since 1988, the Will-Grundy clinic has improved access to care for the area's 14,000 medically underserved patients, including the indigent, the working poor and anyone without access to medical care. The facility, which recently added a dental clinic, treats several thousand patients each year, said Dr. Rousonelos.

"When we opened, there were only two other free clinics in the country," he explained. "Now, there are seven in Illinois alone, all copied from ours." Dr. Rousonelos is a physician volunteer at the clinic and a member of its board of directors.

"Our clinic is unusual because it is not part of a medical center or health department," he explained. "It was started by the doctors and people of Joliet, completely supported by private individuals, churches and social organizations, and manned by volunteer medical personnel, interpreters and clerical people, all at no cost to the patient."

Dr. Rousonelos' involvement in the community extends beyond the clinic, Dr. Dyer said. She cited his service as a board member of Daybreak, an organization that aids the homeless, and his leadership at the Joliet Area Hospice, which provides free care to dying patients.

One of his latest projects includes the purchase of a building in Joliet to shelter, feed and rehabilitate the homeless. He is also working with the Will County Health Department and the HIV/AIDS Coalition to provide medical care to HIV-positive patients. "We've opened clinics two days a week to treat HIV-positive patients for all the things that happen, from broken toes to sore throats, that nobody else will see them for."

Dr. Rousonelos downplayed his accomplishments: "I feel that I have done nothing more than [what] we should all be doing for our community. Those of us who have been blessed with good health and a good life owe a lot to those who have supported us. For there is no doubt that everything we do or give to another

person, we receive tenfold in return."

In addition to Dr. Rousonelos' award, HHS also presented awards to these Illinois community health programs:

- The Cook County Department of Public Health's HIV prevention outreach program for suburban homosexual and bisexual men;
- HIV risk assessment and education programs for substance abusers conducted by Chicago's Haymarket House;

- The DuPage County Health Department's free dental care program for financially disadvantaged children;

- The Kids First Fair, sponsored by the Lake County Health Department and the Lake County League of Women Voters, through which indigent children received back-to-school physicals; and

- The McHenry County Health Department's breast cancer screening awareness program.



Matt Ferguson

Dr. Dyer (left) presents the community leadership award to Dr. Rousonelos.



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B

HEALTH CARE FINANCING ADMINISTRATION ALLOWS SEPARATE PAYMENT FOR MEDICARE CARE PLAN OVERSIGHT

The Health Care Financing Administration (HCFA) recently announced changes in its payment policy for physician care plan oversight services furnished in 1995. This change was initiated to pay for physician oversight of the care delivered by home health agencies and hospices to Medicare beneficiaries.

In general, Medicare continues to consider care plan oversight services to be included in the payment for other services. However, Medicare will allow separate payment for care plan oversight services furnished on or after January 1, 1995 under the following conditions:

1. The Services are furnished by a physician to a beneficiary receiving Medicare-covered home health or hospice services;
2. The physician has furnished a service requiring a face-to-face encounter with the patient at least once in the 6 months prior to the first billing for the service; and
3. The physician does not have a significant financial relationship with the home health agency, is not the medical director or employee of the hospice and does not provide services under arrangement with the hospice.

If the above conditions are met, Medicare will:

1. Allow payment to one physician per patient per month for care plan oversight if it involves 30 or more minutes of the physician's time per calendar month. Additional submissions during that month will be denied. The beneficiary is not liable for additional billings.
2. Allow payment for 30 or more minutes of care plan oversight to a physician providing post-surgical care during the post-operative period only if the care plan oversight is documented to be unrelated to the surgery and billed with modifier 24.
3. Allow payment under CPT code 99375 only. CPT code 99376 will remain bundled since payment for care plan oversight services beyond 60 minutes per month is included in the payment for CPT code 99375.
4. Base payment on 1.61 total relative value units (RVUs) for payment in 1995 (1.06 work RVUs, 0.51 practice expense RVUs, and 0.04 malpractice expense RVUs).

Care plan oversight includes the following physician activities: development or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan, and/or adjustment of medical therapy. Care plan oversight does not include the routine pre- and post-service work associated with visits and procedures. Also, telephone calls with patients and/or their families are not included.

(Issue: 03/10/95 - DB)

Illinois Medicine

VOLUME 7, NUMBER 5

MARCH 10, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Alfred J. Clementi, MD	David B. Littman, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orłowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Harold L. Jensen, MD	Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

The reward for a concerted effort

After years of working toward a fair cap on noneconomic damage awards in civil suits, including medical malpractice cases, we reached our goal on March 3. A comprehensive tort reform bill including a \$500,000 cap passed the General Assembly despite the misleading tactics of plaintiff attorneys who strongly opposed the measure. This achievement was the result of a lot of hard work and a concerted effort by ISMS, the Illinois Civil Justice League and pro-caps legislators.

Among the legislators to be thanked are the sponsors of H.B. 20. House sponsors were House Speaker Lee Daniels (R-Addison), Rep. Tom Cross (R-Yorkville), Deputy Majority Leader Tom Ryder (R-Jerseyville), Majority Leader Robert Churchill (R-Antioch), Rep. Judy Biggert (R-Westmont), Rep. Ron Stephens (R-O'Fallon) and Rep. Brent Hassert (R-Lemont). In the Senate, sponsors were Sens. Kirk Dillard (R-Westmont), Peter Fitzgerald (R-Palatine), David Barkhausen (R-Lake Bluff), Dan Cronin (R-Elmhurst), Martin Butler (R-Des Plaines) and Senate President Pate Philip (R-Wood Dale). Several of the bill sponsors promoted the measure not only in the legislature but also in interviews with the media and at public events.

All the senators and representatives who voted for H.B. 20 also deserve our grati-

tude. The Senate roll call vote is printed on the front page of this issue, and the House vote was published in the Feb. 24 issue. Thanks extend, too, to Gov. Jim Edgar, who has long supported a cap on noneconomic damages.

ISMS member physicians who called and met with legislators in their districts should also take a bow. These doctors didn't just sit back and wait for other people to do the job for them. They talked to their senators and representatives in person or on the phone and presented a compelling case for caps. Some were even quoted in local newspaper stories. ISMS President Alan M. Roman, MD, and President-elect Raymond E. Hoffmann, MD, traveled the state talking to newspaper editorial boards about the issue.

The Civil Justice League was certainly in the trenches. The organization held a news conference and sponsored radio ads to help the public understand why a \$500,000 cap is essential. League president Ed Murnane testified before legislators and debated plaintiff attorney representatives on radio and TV.

Thanks to each and every individual who worked at achieving a reasonable cap on noneconomic awards. In doing so, you helped to limit the practice of defensive medicine, contain health care costs and reduce access problems for all Illinoisans.

PRESIDENT'S LETTER

Making magical memories

Alan M. Roman, MD



If imagination is the preview to life's coming attractions, memories are a tender revisiting of the pleasures of the past.

Friday evening, I hurried home from work looking forward to what the evening held in store. In my excitement I barely noticed the snowflakes that fell gently as I impatiently rang her doorbell a second time. The double doors opened, and there she stood, looking elegant in a beautiful black-and-white patterned dress, her rosy cheeks complemented by her lipstick. A red-and-black patterned bow positioned just so in her long brown hair accented the warmth and radiance of her smile. I gently positioned the corsage of red tea roses on her wrist, and we were soon off to an evening of dinner and dancing.

The occasion was our park district's annual Daddy-Daughter Date Night, which was sold out. I'm so thankful I was there with my 4-year-old, Lindsay, to share the experience. Her thumbs-up sign, our special hand signal, indicated what my ears told me and what her eyes and her mouth confirmed. For more than the dinner (we split a grilled cheese sandwich and shared a chocolate phosphate with two straws) or the dancing (everything from the bunny hop to the theme from "Beauty and the Beast"), the evening was a marvelous time to make memories.

Some of our most treasured moments are the yummy remembrances of childhood activities. These snippets from the past inexplicably intrude into our conscience every day, often at the least predictable times. They provide relief from the pressures of daily living and meld the best of our existence with the rough edges of life's reality. Further, recalling our own childhood makes us wonder how our children will remember theirs.

Making enchanting memories for our children should be our highest priority, and doing so should come naturally. After all, we want to do for our children what we liked best and remember most from our own childhood.

Making memories can be as simple as Saturday morning basket-

ball league, where I've seen games decided by a score of gazillion to 1, or as elaborate as a family ski weekend in Aspen. Memories are born of a sense of warmth and security accented by happiness, love and companionship. Never will I forget the smiling, warm faces.

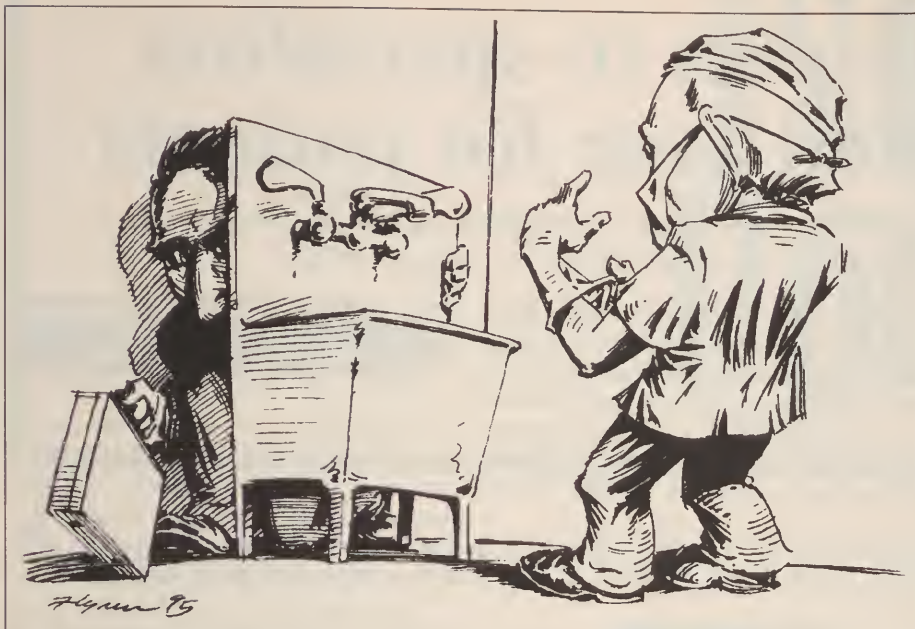
I don't know if Lindsay will in time remember dancing in Daddy's arms, doing the chicken dance, Disney on Ice or any other of the times when we've shared a laugh together. We may not always be physically near our children, but we will always be with them. Memories of childhood are made of such small things.

Friends often remark there are not enough picture frames to fill my home. There are pictures on virtually all the walls and dresser tops. Certainly, you can give without loving, but you cannot love without giving. These pictures reflect the joy of our children and the desire to provide them with memories of ourselves and their childhood.

Today is fleeting and easily forgotten. Tomorrow comes too quickly. If imagination is the preview to life's coming attractions, memories are a tender revisiting of the pleasures of the past. I hope that when I am much older, my daughter will remind me of our first daddy-daughter night.

Life is, after all, a journey from childhood to maturity, youth to age, innocence to awareness. Too soon we grow old, and too late we grow wise. At a time when, for many of us, memories are becoming more plentiful than dreams and medicine is accumulating as many regrets as remembrances, we must be certain that the memories we create reflect the intense pleasures of learning life's lessons.

Remembrances you create for your children will also be your memories. Resolve today to provide for your children's well-being and development by making memories for them to cherish through all their grown-up years to come.



GUEST EDITORIAL

Litigation league

By Creighton Hale

Reprinted by permission of The Wall Street Journal copyright 1995 Dow Jones & Co. Inc. All rights reserved.

Imagine the situation: The batter hits a pop fly to center, but your centerfielder is playing the position for the first time. He moved there because the regular kid has the flu. The pop fly hits him in the eye.

As the coach, what do you do? Pull the infield in and play for the plate? Call a timeout and head for the pitcher's mound?

Try calling a lawyer.

In a real-life case similar to the one described here, the centerfielder's parents filed suit against the coach who stationed their child under the malevolent pop fly. They sought compensation for pain and suffering, as well as punitive damages.

This is by no means the only case of its kind. In recent years, litigation has been the end result of two boys colliding in the outfield (the two picked themselves up and sued the coach). Another player sued when a stray dog intruded on the field of play and bit him. In still another case, a man and woman won a cash settlement when the woman was hit by a ball a player failed to catch. The player was her daughter.

Readers of this page will be well acquainted with the economic costs of the litigation explosion. From my spot in the bleachers, the costs of this litigation lunacy score out differently, in bewildered dads calling our offices asking about personal liability, and volunteer coaches waking up to the fact that they're taking on major league legal risks.

It's a problem common to all nonprofit organizations and the volunteers they depend on. Little League Baseball has

seen its liability insurance skyrocket 1,000% – from \$75 per league annually to \$795 – in a recent five year period. Good Samaritans are caught in a suicide squeeze.

Faced with this trend, many of us in the nonprofit world cheered the plank in the GOP's Contract With America promising common-sense legal reform. The problem is that the bill that has been introduced does not fulfill the Contract's promise. The language now being considered is limited to "product liability." But limiting "common sense legal reform" to disputes arising out of faulty toasters or malfunctioning lawn mowers is not common sense. It leaves volunteers out in the cold. And there is growing evidence of a "chilling effect" at work, as volunteers from sports teams to fire-and-rescue units to candy-stripers at the local hospital learn that their altruism won't save them from a subpoena.

Extending the reform umbrella to civil suits of all kinds would strike a blow for civility.

The rage to litigate even life's little sorrows bespeaks a fraying of the social fabric – a cost we can't measure in money alone. As a society, we need to remember that because it's not your fault doesn't mean it must be someone else's. As every centerfielder knows, sometimes the sun just gets in your eyes.

So here's hoping that House leaders will expand legal reform beyond product liability and include protection to the millions of volunteers who give selflessly of their time and talents. As for the kids who play my favorite game, let's get back to the good old days, when Little Leaguers dreamed of landing a major league contract, not a plaintiff's payday.

Hale is CEO of Little League Baseball Inc.

GUEST EDITORIAL

Junk science strikes out

By Joan Beck

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

Once upon a time, when a baby was born not quite normal and perfect, grieving parents would blame the angry gods or a witch's curse or an evil omen.

That was before their lawyers discovered the power and profitability of product liability cases and punitive damages.

A few days ago, one of the longest and most troubling of these cases presumably came to the end in San Francisco, after bouncing around the courts for more than a decade. (Losing lawyers still say they plan more legal action, however futile.)

There were no real winners. Women have lost the only drug on the market specifically intended for the nausea of pregnancy. The only happy ending that can be wrung from the long legal battle is that it will now be more difficult to push claims based on "junk science" through the courts. In today's litigious climate that, at least, is cause for celebration.

The landmark case involves Jason Daubert, now 21, who was born with only two fingers on his right hand and no lower bone in his right arm. The other plaintiff in the action is Eric Schuller, now 14, who was born with no left hand and one leg shorter than the other.

Both of their mothers had taken the drug Bendectin, made by Merrell Dow Pharmaceuticals Inc. (now Marion Merrell Dow Inc.) to treat the queasiness of pregnancy. About 33 million other women used the same medication, and no reputable scientific studies linked it with any kind of birth defects.

But the families of Jason and Eric found lawyers to push their charges against Merrell Dow. So did several other families. (About one baby in every 2,000 is born with limb deformities for reasons rarely understood.)

Birth defects are much more common than most people realize. As many as one in every 16 babies is born with a significant congenital problem, although it may not be diagnosed immediately. Most can be successfully treated or the effects minimized.

But linking cause with birth defect is often difficult. Birth defects can be caused by genetic errors, by a drug that crosses the placenta from mother to unborn infant, by radiation, infection, alcohol and by unknown interferences with development during the vulnerable nine months of prenatal life.

In about half of all cases, no reason for a birth defect can be proven. So it's easy for distraught parents to remember a drug like Bendectin and convince themselves it is to blame – especially if that could mean a lucrative claim against a deep-pockets pharmaceutical company.

At least 30 epidemiological studies, reviewed by the federal Food and Drug Administration, found Bendectin to be safe. Most of the lawsuits involving the drug quickly lost out in court.

But the legal costs of these cases pushed Merrell Dow to take Bendectin off the market in 1983, although it was still approved by the FDA. It was the only prescription medication available for the nausea of pregnancy. It's not likely another drug company will invest resources to develop a similar product and face the possibility of being sued whenever a baby is born less than normal and perfect.

As the case of Daubert vs. Merrell Dow Pharmaceuticals worked its way through the courts, its focus changed. The central issue in dispute became the standard of scientific evidence the courts should allow and whether a judge should permit lawyers to use junk science to try to impress juries with their claims.

In 1993, the Supreme Court ruled that judges should act as "gatekeepers" and exclude evidence that does not meet generally accepted scientific standards. It sent the Daubert case back to the 9th Circuit Court of Appeals for a decision based on the high court's finding.

Earlier this month, the appeals court issued its opinion, in scathing language dismissing the "science" offered by the plaintiffs to try to prove the two boys were damaged before birth by Bendectin.

"Apart from the small but determined group of scientists testifying on behalf of the Bendectin plaintiffs in this and many other cases, there does not appear to be a single scientist who has concluded that Bendectin causes limb reduction defects," wrote Judge Alex Kozinski.

"Bendectin litigation has been pending in the courts for over a decade," he pointed out. "Yet the only review the plaintiffs' experts' work has received has been by judges and juries, and the only place their theories and studies have been published is in the pages of federal and state reporters."

The Supreme Court's new standards are the only good thing to come out of this painful and costly mess. The case has wasted expensive legal resources for more than a decade. It has forced a pharmaceutical company to discontinue a useful product. It has meant that millions of women must still face the nausea of pregnancy without helpful medication. And it has discouraged other manufacturers from trying to develop other drugs for the same purpose.

By strengthening the hand of judges to throw out "scientific" evidence that doesn't meet widely accepted scientific standards and to keep "experts" with dubious scientific credentials from testifying, this case has accomplished something. There should be fewer lawsuits filed now on flimsy grounds – not only involving birth defects but on exposure to toxic chemicals and other environmental hazards – and courts should toss them out much quicker.

But how much comfort will that be for millions of pregnant women suffering from persistent nausea who no longer have a medication to give them safe and effective help?

Call the ISMS Consultant Referral Service for help

The new ISMS Consultant Referral Service stands ready to match member physicians with experienced health care consultants. By calling the referral service, physicians can obtain the names of consultants with expertise in their area of need. The consultants can advise members on a wide range of practice management topics and managed care issues.



Although the referral is free, physicians are responsible for negotiating contract terms and paying consultants' fees. Advice and services provided by the consultants are solely their opinions and not those of ISMS. To access the service, members may call the ISMS action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. ■

Access to specialists key issue for patients

SURVEY: A new study shows most Americans want to see specialists without referrals. BY KATHLEEN FURORE

[CHICAGO] Most Americans think direct access to medical specialists should be a key feature of any point-of-service managed care plan, according to a survey released Feb. 16 by the American Academy of Orthopaedic Surgeons. Seventy-seven percent of respondents

MANAGED CARE

said participation in a plan that allows them to see out-of-plan specialists without prior referral or approval is "very important" or "somewhat important." And they are willing to pay more for that freedom, the AAOS study said.

"We surveyed 1,000 families with diverse backgrounds. Three-fourths of them felt it was important to be able to see a specialist of their choice in a timely way," explained Evanston orthopedic surgeon William J. Robb III, MD, chairman of the AAOS Committee on Public Education. "Health care consumers want the ability to choose their own physician, whether it's a primary care physician or specialist, and to be able to access that physician when they feel the need."

Although specifics for specialty care vary, many managed care plans require patients to be referred to a specialist by a primary care physician, said Arnold Widen, MD, vice president and medical director of Blue Cross and Blue Shield of Illinois. "In all HMOs, there is a designated primary care physician who provides or authorizes and is director of care." Point-of-service plans typically require gatekeeper referral to network specialists, but allow members willing to pay higher co-pays and deductibles to consult any physician whenever they want, he noted.

Specialists, however, are concerned that quality of care may suffer if managed care plans limit access to the services they render. "About one or two years ago, the AAOS and orthopedic surgeons in general became concerned because patients who traditionally could access [specialty] care directly through self-referral couldn't see them in a timely fashion the way they could in a traditional fee-for-service system," Dr. Robb explained. "We noticed — incrementally at first, and now more dramatically — that we can't provide care patients need in a timely way."

Although not every orthopedic complaint warrants ongoing specialized treatment, all orthopedic problems, including common or minor complaints, should be treated "under the umbrella of a care plan developed with a specialist's input," Dr. Robb said. "In terms of quality of care, the best and most cost-effective care for patients with musculoskeletal diseases and injury is provided by an orthopedic physician. Not to have input is inappropriate."

Orthopedic surgeons aren't the only specialists concerned about direct access. Dermatologists believe patients suffer when gatekeeper referral is required, said James Ertle, MD, a Hinsdale dermatologist and past president of the Illinois Dermatological Society. "We're concerned about quality of care, because we see people being misdiagnosed." Dr. Ertle cited the example of scabies, a contagious itch caused by microscopic mites, which might be treated symptomatically

(Continued on page 10)



**"I'm glad
I was
covered by
the PBT
Long Term
Disability
Plan!"**

**("And I'm glad
I had a hand in
its design.")**

"With the PBT Long Term Disability Plan, I didn't have to worry..."

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



**PBT Physicians'
Benefits Trust**

sponsored by Chicago Medical Society & Illinois State Medical Society

**Individual & Group Health Care • Long Term
Disability • Term Life • Other Benefit Plans**

PBT Benefit Mini-Briefing

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

Litigation
league

PAGE 5

ISMIE Update

Watch for
more tort reform
coverage in your
next issue

Minimize the risks of telephone triage

When dispensing medical advice over the phone, documentation is critical. BY KATHLEEN FURORE

Giving medical advice and instructions by phone is a fact of life for most physicians. But if such conversations are not documented in patients' medical records, the result can be a legal nightmare, according to risk management experts.

"I think telephone treatment is increasing as physicians and patients become increasingly stretched for time. With beepers and car phones, physicians can be contacted anywhere," said Tim Nickels, an attorney with the Chicago law firm Wildman, Harrold, Allen & Dixon. "They may not be near a patient's chart, but they should make sure the conversation is memorialized. It is important in the area of patient care, because the information can help in the treatment regimen. And it provides a defense if a lawsuit is filed later on."

Failing to document phone calls is a prevalent problem, said David Cromer, MD, a member of ISMIE's Risk Management Committee. "We've found in our assessments of office practices that phone conversations are poorly documented in the medical records." A physician may try to counter a malpractice claim by saying, "I called the patient about that." But that kind of defense would be insufficient, Dr. Cromer explained. "You can practice wonderful medicine, but in medical-legal situations, if something's not there in the records, it's a problem. One thing we stress in our risk management seminars is whether you're in or out of the office, document every phone call and message."

Physicians in large group practices should be especially aware of the importance of charting phone calls, since doctors often cover for one another and may not have immediate access to a particular patient's records or be familiar with a patient's history if they don't treat the person regularly, Dr. Cromer said.

It is also critical for physicians to chart conversations with nurses and office staff because doctors are ultimately responsible for patient care, Nickels said. "If a doctor tells a nurse over the phone to give a patient 50 milligrams of IV Demerol and the nurse administers 500 milligrams, he needs to note that he told her 50. Otherwise, if there's a bad outcome, it's the physician's word against the nurse's."

Although documenting phone calls can be time-consuming, it doesn't have to be difficult, Nickels noted. "You don't need a huge, detailed note. It should just be very factual. List who called, what was reported, what suggestions were made and what actions were taken. It would be important to document, for example, if you urged a patient to come in." The date and time of the call should also be included, Dr. Cromer said.

There's no correct way to create a documentation system for telephone calls. "You just need a system that works for you and your staff for in-office and out-of-office calls," Dr. Cromer

*List who called,
what was reported,
what suggestions
were made and
what actions
were taken.*

said. "One of the most frequent things we see is no system for handling calls. That is a sign of generally poor practice habits. Those physicians are leaving themselves vulnerable to mis-

takes and litigation."

Dr. Cromer and Nickels suggested that physicians teach their office staffs how to take messages and give phone advice appropriately. Nurses, for example, might have to call a patient to relay a physician's instructions or respond to a call in a physician's absence. "Nurses need to document, too," Dr. Cromer said. "They should always write details of phone conversations in a log or a patient's chart. The nurse may be carrying on a conversation the doctor doesn't know about, which places the physician at a disadvantage."

Dr. Cromer's group practice uses note pads with spaces for pertinent information, including the patient's name and phone number, the date and time of the call, the name of the patient's physician, the patient's allergies and pharmacy numbers. The pads are small enough

to fit in a shirt pocket and have adhesive on the back of each sheet, which makes them easy to place in patient charts. Some practices maintain separate phone logs, keeping the specifics of each call in the log and just noting the call in the patient's record. Such note pads and logs are sold commercially, Dr. Cromer said.

Hospital-based practitioners must also record the details of phone conversations, Nickels said. For example, radiologists should document discussions with attending physicians. "They should write a note [about the conversation] that makes its way into the patient's chart or is attached to the X-ray report."

All physicians and their staffs should establish rapport with patients during phone conversations, Nickels advised. "Sometimes, staff members are overly protective and make people feel belittled for calling. Using a helpful tone helps reduce the risk of a possible claim. If patients feel they're being helped, they'll feel the doctor and the staff are on their side, even if an untoward result occurs." ■

MALPRACTICE ROUNDUP

Court rules in favor of third-party patient

A California appeals court ruled in January that a man who contracted HIV from his girlfriend could sue her physician and the hospital at which she received treatment because they waited five years to tell her she had received an HIV-tainted blood transfusion. The woman learned how she was infected just one month before her death from AIDS in 1990, according to a summary of *Reisner vs. Regents of the University of California* in the Feb. 13 issue of the *National Law Journal*. The hospital had notified the blood donor about his or her HIV status one day after the 1985 transfusion, the story said.

The appeals court ruling revived a suit that had been previously dismissed on grounds that the defendants owed no duty to someone they didn't know existed. But the appellate court said the plaintiff was a "foreseeable if not readily identifiable victim" and cited a 1976 case in which a therapist was found liable for failing to warn police or a victim-to-be of a mental patient's plans to kill her.

"The issue in *Reisner* was the application of the duty to warn when a physician doesn't know the third party's identity," the story said. The court noted the plaintiff did not contend the defendants had to warn him, only that they should have warned

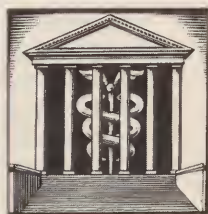
his girlfriend she was exposed to HIV so that foreseeable injury might have been averted. The girl's parents settled a separate suit. The defense is expected to appeal the case to the California Supreme Court. ■

Family of ER patient wins \$1.25 million

The family of a teen-age boy left permanently brain damaged after receiving inadequate emergency room care recently reached a \$1.25 million settlement with the New Jersey hospital at which he was treated, according to the January 1995 issue of *Medical Malpractice Law & Strategy*.

The plaintiff in *Ilaria vs. JFK Medical Center et al.* was 18 years old when he fell from a moving car while "car surfing" with his friends, the story said. Six hours after he walked into the hospital ER, he lapsed into a coma. No CT scan or neurological tests were performed, and there was no record that the patient was monitored by an on-duty nurse, even though the boy presented with a fractured skull and subsequently lost consciousness.

The boy's family filed suit, claiming the hospital and the family physician failed to monitor and treat their son adequately and failed to diagnose an epidural hematoma that developed as a result of his injury, the article explained. The patient, now 24, lives in a residential treatment center. ■



When eating disorders

Physicians use a combined clinical and psychological approach to treat anorexia and bulimia.

BY RICK ZK

The Girth of America" was the cover line on a recent issue of Time magazine. Obesity is a significant problem in the United States, but these days, it shares center stage with other eating disorders. Anorexia and bulimia, for example, have garnered a great deal of publicity, with celebrities such as Princess Diana, singer Karen Carpenter and gymnast Christy Henrich having reportedly suffered from them. In fact, Carpenter and Henrich died from anorexia-related causes.

Although the public has become more aware of such disorders, relatively little attention has been focused on the causes and medical treatment. But physicians know that the problem extends beyond mere dieting and a desire to be thin.

"The stark truth is that anorexia and bulimia are crippling, often fatal, illnesses. An eating disorder takes over a person's entire life; nothing is as important as the patient's obsessive and compulsive relationship with food," said Shelley Korshak, MD, a Chicago psychiatrist. "For the patient suffering from an eating disorder, the belief that 'you can never be too thin' is simply horrifying."

Eating disorders are not new, but confronting them is. "Years ago, eating disorders simply weren't talked about, so, in a sense, society didn't recognize that they existed," said Dr. Korshak. "But now we are willing to face this illness. Unfortunately, as more and more pressures are put on young people to succeed and have the perfect body, I suspect that we're going to see even higher occurrences of these disorders."

Eating disorders cross all class lines, but studies show they are most prevalent among female residents of affluent, suburban communities. "Without a doubt, eating disorders affect women at a sharply higher rate than men," said Julia Yen, MD, a psychiatrist at Northwestern Memorial Hospital. "Some of the psychological issues that appear in eating disorders, such as low self-esteem and the need to look a certain way, are universal to all women. This is what I first noticed in treating this illness."

Teen-agers are especially vulnerable. "The majority of our patients are young adults, especially high school girls," said Stephen Galston, MD, a psychiatrist in Highland Park. "Some adolescents feel that they have to be thin to become popular in high school. What often occurs is that teen-agers will use eating disorders

as a way to gain attention and stand out from their peers. In some cases, they lose control of the eating disorder, and it takes over their entire lives."

Individuals who have trouble dealing with their emotions are prone to the disorder, said Dr. Galston, medical director of the Eating Disorders Program at Highland Park Hospital. Rather than facing their problems, they isolate themselves, taking refuge in the disease itself, he added.

With so many people counting calories and trying to lose weight, the distinction between healthy concern and unhealthy obsession may seem unclear to some. But physicians can tell whether patients suffer from an eating disorder. "There are readily identifiable signs to alert a physician [when] a person is suffering from an eating disorder," said Dr. Yen. "A woman who has lost 15 to 20 percent of her body weight, experiences chest pains and has a reduced potassium level is likely to have an eating disorder. From a psychological perspective, the patient will often exhibit obsessive-compulsive behavior when it comes to food and dieting."

Patients are often ashamed to admit they have an eating disorder and look to their physician to diagnose it, said Dr. Yen. "The anorexic or bulimic patient actually wants the doctor to pursue a line of questioning that reveals the true nature of her problem. The doctor, then, has to be inquisitive enough to pursue psychological issues with the patient."

Bulimic patients have typically experienced an eating-purging episode at least twice a week for a period of three months, said Dr. Korshak. Another clue to bulimia is dental decay, so dentists are usually the first to notice this warning sign, she added.

"In my view, the most important factor in determining if a patient has an eating disorder is the degree of obsession that the individual has about food," continued Dr. Korshak. "When a person is organizing his or her entire day around food, it's clear that something is definitely wrong."

TO TREAT THE ILLNESS, physicians typically use a combined clinical and psychological approach, said Dr. Korshak. The first step is for the patient to give up the disorder willingly, after which the physician can build an alliance with the patient to determine the cause of the problem.

"After doing a diagnostic assessment of the patient, the physician usually will establish some sort of food

TREATMENT

ers consume patients

and psychological approach
and bulimia.

S: KIET

plan that monitors the patient's weight and intake of food," Dr. Korshak explained. "Because an eating disorder is similar to an addiction, the patient has to find something to fill the void once his or her food obsession is given up.

"The next – and crucial – step is to help the patient heal his or her emotional wounds and increase self-esteem," she continued. "You have to make the person feel loved and accepted. In a sense, you're changing patients' core beliefs about themselves and their relationships with others."

The treatment of an eating disorder depends on its severity, said Dr. Yen. Eating disorders can range from a distorted body image to full-blown anorexia.

"Keep in mind that there are no quick solutions to an eating disorder," Dr. Yen continued. "The physician uses a combination of psychotherapy, medication management and nutritional programs to help the patient. The bottom line, however, is that a patient needs intense counseling. I think the most effective treatment is psychotherapy because, unlike behavioral modification, it treats the cause of the illness rather than just the symptoms."

SUCCESSFUL TREATMENT also requires patients to set goals, follow individual treatment plans and attend a variety of group and individual therapy sessions. With those goals in mind, Dr. Galston helped form a structured outpatient treatment program at Highland Park Hospital for people suffering from eating disorders.

"We created this program to meet the community's needs," he explained. "Treating eating disorders is a long-term effort. This program supplements individual therapy by providing patients with a structured nutritional program, as well as teaching them coping skills and how to identify and resolve their deeper emotional issues."

Unlike other inpatient programs that continue throughout the week, this new program meets only on Saturdays. It is specifically designed for patients who are unable to participate in a day or evening treatment program and for those who need extra support on the weekends, Dr. Galston noted.

"We're trying to provide a quality, intensive program that will work around an individual's job or school schedule," he continued. "We currently have about 10 patients in the program, and the response from them has been very encouraging."



Susan Hudes

Education is an important component of treatment, according to Dr. Korshak. "An essential part of my treatment is having patients read self-help books and other similar literature so that they can build their own internal support system. Once again, the key is replacing the illness with something else. You have to give the patient the tools and creative energy to do this."

As societal pressures increase, so may eating disorders, especially among young adults. But the medical community has made impressive gains in treating these illnesses, Dr. Galston said.

"We are much more successful [now] than just a few years ago in understanding and helping the patient," he added. "By using cognitive therapy and monitoring a patient's eating behavior, we can now set standards for patients in helping them beat this illness." ■

Get the home financing treatment you deserve as a physician with the

BUYING POWER PLEDGESM

when you take advantage of
The AMA-Sponsored Home
Mortgage Program.

- ✓ We will reduce your out-of-pocket costs.
- ✓ We will give you extra negotiating clout.
- ✓ We will reduce your paperwork.
- ✓ We will give you a loan decision in as little as 24 hours*.
- ✓ We will close your loan in as few as 15 business days, even in the evening or on Saturday**.

*Other lenders want your business.
We want your satisfaction.*

HANDLE EVERYTHING BY PHONE!

1-800-AMA-4PRU
(1-800-262-4778)

Prudential Home Mortgage 

AMA Financing & Practice Services, Inc.
A Subsidiary of the American Medical Association



*Eligibility requirements for the 24-hour loan decision include: Primary purchase transactions with a down payment of 20% or more, an overall good credit profile and a signed purchase contract. Condominiums and co-operative properties are not eligible. Also, because your loan is not subject to an appraisal, you may want to consult your legal advisor to include an appraisal contingency in your purchase contract that the appraisal value of the property will equal or exceed the loan amount. Other conditions may apply. **Not Available in all states. The 15-day close is subject to certain conditions. An additional fee applies to Saturday closings. Contact a Prudential Home Mortgage representative for details. ©1995 The Prudential Insurance Company of America. Information in this ad is accurate as of the date of printing and is subject to change without notice. All loans are originated by The Prudential Home Mortgage Company, Inc., the administrator of this program. Buying Power Pledge is a service mark of The Prudential Insurance Company of America. The Prudential Home Mortgage Company, Inc., 8000 Maryland Avenue, Clayton, Missouri, is an affiliate of The Prudential Insurance Company of America, doing business as P.H. Mortgage Company, Inc. in Ohio. New York Office: Expressway Executive Center, Inc., Suite 100, 48 South Service Road, Melville, New York 11747; Arizona BK 8408; Florida Licensed Mortgage Lender; Illinois Residential Mortgage Licensee; Licensed Mortgage Banker/New Jersey Department of Banking; Calif. Broker/Lender. All California loans will be made pursuant to a California Department of Corporations Consumer Finance Lender license or Commercial Finance Lender license. Equal Housing Opportunity. 1/95

Managed care

(Continued from page 6)

many times before a patient was referred or self-referred to a dermatologist. A specialist would likely diagnose the condition more readily, he said.

Such specialists as dermatologists and ophthalmologists are represented by the Access to Specialty Care Coalition – a national group of consumers and medical organizations, Dr. Robb said. The coalition addresses issues including patient choice in access to specialists and continuity of specialty care. A similar coalition is now being formed in Illinois.

Commenting on specialists' concerns about referral in managed care plans, Dr. Widen said most plans are flexible regarding access. "In almost all managed care products, patients who require the ongoing care of a specialist aren't required to go back to the primary care physician. If they have [a condition] like metastatic cancer or congestive heart failure, they can get an open-ended referral. The primary care physicians are given the opportunity to designate which cases should be under the care of a specialist." Doing otherwise would hinder a managed care plan's cost-reduction efforts because back-and-forth referrals would increase paperwork and costs, he added.

Although the Blues considers Ob/Gyns to be specialists, most of its managed care products allow women to self-refer to their Ob/Gyn for even routine procedures. "We realize many women insist on seeing their gynecologist for Pap smears," Dr. Widen said. But the Blues'

point-of-service plan requires patients to choose a primary care physician as well as an Ob/Gyn, he noted. "If you sprain an ankle or have the flu, an Ob/Gyn is not the person to see."

But direct access is a complex issue, said Craig Backs, MD, president-elect of the Illinois Society of Internal Medicine. "The problem is that when a primary care physician [in a managed care plan] is financially at risk for the cost of care, that physician has the right to be concerned about direct access to subspecialty services and testing because he would have no control over treatments and cost.

"We need to look at what is best for the patient," Dr. Backs added. For example, patients with Type I diabetes would benefit most from an endocrinologist's services. "In many managed care plans, [endocrinologists] aren't considered primary care physicians, and that creates a problem. It would be redundant to seek care [first] from a general practitioner, [because] treatment of Type I diabetes has become very sophisticated and complex."

Because of the continuing evolution of health care delivery and the proliferation of varied managed care plans, physicians should discuss the nuances of each managed care option with their patients, Dr. Robb said. "We have many contracts with managed care organizations in our office, and we're trying to educate our patients on how to best be able to access us when they need to. It is critically important to talk to patients so they will consider the options most comfortable for them." ■

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology (Non-Invasive)
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Remember when ... Remember when life seemed a little less stressful and a whole lot more fulfilling? Begin again in the Land of Lincoln! We seek a caring, quality family practitioner to serve a draw population of 154,000, working part-time at an FP center and part-time at a rural health clinic. Gain professional and financial satisfaction while making your mark in this solid, Midwestern, family-oriented, safe, education-oriented, friendly community. \$140,000, incentive bonuses, paid benefits. Associate with 207-bed hospital positioned for growth and success well into the 21st century! Call David Reeves for more information, (800) 235-6745.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, Ob/Gyn, cardiology (noninvasive), outpatient psychiatry, orthopedic surgery, pulmonology and dermatology. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Emergency medicine opportunities, Midwest: Excellent long-term career options available in rustic and rural communities. Extensive experience in emergency or ambulatory adult/pediatric medicine. Certification in a primary specialty, ACLS required. For immediate consideration, please call the vice president of physician recruitment at (708) 654-0761 or fax your CV to (708) 654-9788.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and Nebraska locales. Numerous Illinois, Iowa and Nebraska practices. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353 or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Family practice position: Board-certified or board-prepared physician needed for new clinic in the growing Winnebago County area in northern Illinois. The clinic is designated with IDPH for loan repayment for Illinois but not for federal repayment. As part of OSF Healthcare and Saint Anthony Medical Center in Rockford, this is a full-time, salaried position with comprehensive benefits. Call is one in four. Contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-1997 for consideration.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Primary care specialists: Confidential assistance with career placements in the metropolitan Chicago area. Excellent opportunities in hospital, clinic and private practice settings. Please contact Diane Temple, VP Physician Recruitment, 440 E. Odgen, Hinsdale, IL 60521; (708) 654-0761; fax (708) 654-9788.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740 or fax (309) 685-1997.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Janesville, Wis. - urgent care: Riverview Clinic, division of Dean Medical Center, is actively recruiting an urgent care physician to join its medical staff. Currently there are two physicians at the clinic from 9 a.m. to 9 p.m. Monday through Friday and 9 a.m. to 11:30 a.m. on Saturday, and the clinic desires to expand the hours of operation until 9 p.m. on Saturday and from 1 p.m. to 9 p.m. on Sunday. The facility is well-equipped with eight exam rooms, lab and X-ray. Flexible hours are available with an expected total of 30-40 hours per week. Excellent compensation/benefits provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Lancaster, Wis.: Grant Community Clinic, affiliated clinic of Dean Medical Center, is actively recruiting one board-eligible/board-certified family physician. Its current staff consists of three family physicians and one general surgeon. The group also has two physician assistants on staff. Each physician is at the clinic six hours a day, four days per week, seeing between 20 and 25 patients daily. A minimum \$110,000 guaranteed salary plus incentive is provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

OUR PROMISE

We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

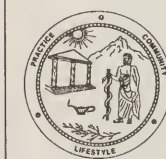
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country ...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



**The
Curare
Group, Inc.**

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Madison, Wis. – urgent care: Dean Medical Center, a 300-plus-physician multispecialty group, is seeking a full-time physician to assist in staffing our two urgent care centers. Qualified applicants should be BE/BC in family practice, emergency medicine or internal medicine with experience in pediatrics. Dean Medical Center operates two urgent care centers 365 days per year from 7 a.m. to 10 p.m. All physicians employed at the urgent care centers are paid on an hourly basis, and full-time physicians are eligible to buy into the corporation after two years of employment. Excellent compensation and benefits. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Madison, Wis.: Dean Medical Center, a 300-physician multispecialty group, is seeking additional family physicians to join its 30-member department. Positions are located at our Arcand Park, East Madison and Deerfield clinic locations. All positions have an excellent call schedule. Madison is the home of the University of Wisconsin, with enrollment of more than 40,000 students, and the state capital. Abundant cultural and recreational opportunities are available year-round. Excellent compensation and benefits are provided. Contact Scott Lindblom, Dean Business Office, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151. An equal opportunity employer

Family practice: Leading 300-plus physician group based in southwestern Wisconsin seeks additional family practitioners for established branch clinics in Wisconsin and Iowa. Attractive group practices offer a professional and stimulating environment with shared call coverage, modern local hospitals, strong specialty network and competitive compensation package. Practice settings vary from a scenic college town to a picturesque Mississippi River community. For details, call Mike Krier at (800) 243-4353.

Thriving family practice, immediately available: Princeton. Due to the sudden death of a well-loved, community-minded family physician, an active family practice in a brand-new office setting is available to the right candidate – now! Enjoyable and enriching professional environment for BC or BP family practitioner. Respond to Don Evans, 530 Park Ave. East, Princeton, IL 61356; (815) 875-2811, ext. 2251; fax (815) 875-8804. Video available.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFI, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Beaver Dam, Wis.: Medical Associates of Beaver Dam is actively recruiting a BE/BC family physician to join its staff of six family physicians. Call is shared equally, and all hospital admissions are at our local 100-bed hospital. Beaver Dam is a safe, family-oriented community of 15,000 located 45 minutes north of Madison, with excellent schools and four-season recreational opportunities. Excellent compensation and benefits are provided. For more information, please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966, (608) 259-5151; fax (608) 259-5294; or home phone, (608) 833-7985.

Janesville, Wis.: Dean Medical Center, a 300-physician multispecialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wis. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family-oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send CV to Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547; or call (608) 755-3500. An equal opportunity employer.

Physician wanted: Community Care for the Elderly is looking for a board-certified internist or family practitioner with an interest in the care of the elderly. The position offers an opportunity to care for the frail elderly of the community in an adult health care center and clinic. An understanding of the elderly and the ability to work with a multidisciplinary team is needed. The positions available are for part-time and full-time practice. Interested individuals should contact Mary Gavinski, MD, Medical Director, Community Care for the Elderly, 5228 W. Fond du Lac Ave., Milwaukee, WI 53216; (414) 536-2110, ext. 254.

Situations Wanted

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Short-funded retired radiologist, ABR certified, licensed in Illinois, seeks Illinois nuclear medicine and/or radiation oncology position. In radiological practice from 1952-86. Phone James E. Turner, MD, (708) 584-0986.

Pathologist: Recent prestige residency graduate seeks position in Illinois or Indiana, part time or full time. Available July 1. Call (800) 245-6697, ext. 2604, or (217) 352-2212.

For Sale, Lease or Rent

Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week, winter season; \$365 off-season. (608) 231-1003.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking; walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Medical building for sale in Rockford has five examining rooms, X-ray and lab, reception and waiting room – \$186,000. Please call (815) 626-4036.

Downtown Chicago: For lease, 2,244-square-foot area. Close to Loop and major medical centers. Built out for physician's office. Secure building. Adjacent parking. Call (312) 829-1424.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

New medical center: Excellent location in northwest Chicago. Will do a build-out up to 14,000 square feet. High patient traffic area with a big food-chain store across the street. We will accept a limited number of physicians as tenants or as partners in the health center. Call Severko Hrywnak, DPM, (312) 685-8400.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours – days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible – 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Miscellaneous

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements – \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro©, (305) 596-3135.

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

IMMEDIATELY AVAILABLE

THRIVING FAMILY PRACTICE

Princeton, IL

Due to the sudden death of a well loved, community minded family physician, an active family practice in a brand new office setting is available to the right candidate...now!

Princeton offers for your family:

- Quality education with excellent schools
- Access to major metropolitan areas within one hour
- Recreation for all seasons
- Economically viable community

Enjoyable and enriching professional environment for B/C or B/P family practitioner. Respond to:

Don Evans

530 Park Ave. East

Princeton, IL 61356

815-875-2811, ext. 2251, fax 815-875-8804

Video available



Perry
Memorial
Hospital

\$500,000 cap passes

(Continued from page 1)

tant because medical malpractice cases turn on the standard of care at issue in the case." If the medical reviewer is known by all parties, it can be determined that the reviewer is reputable, he said.

Lead sponsor Sen. Kirk Dillard (R-Westmont) said the bill had been sufficiently analyzed, as demonstrated by the 70 amendments proposed by opponents and considered by the Senate Judiciary Committee. He refuted claims that the bill represented big business, big medicine and big insurance interests. "Millions of Illinoisans were represented in the drafting of this bill. Yes, doctors support this legislation so they can go back to concentrating on health care, not unwarranted litigation."

Other Senate sponsors of the bill are Sens. David Barkhausen (R-Lake Bluff) and Martin Butler (R-Des Plaines) and Senate President Pate Philip (R-Wood Dale). "I think we have done a yeoman's job in putting this legislation together," Dillard told *Illinois Medicine*. "Many of us have spent hundreds of hours on painstaking legal, economic and policy research to craft this legislation. This bill protects the economic health [of] Illinois by bringing fairness, responsibility and consistency to a civil justice system that has burdened taxpayers with out-of-control systemic costs for litigation." Such litigation is often nonmeritorious, he added.

"[H.B. 20] will make people in business and other professions accountable for their actions and help them plan their activities better," said Fitzgerald. The measure will also enable the state's judicial system to better process meritorious claims, he noted.

The bill will make "our civil justice system more efficient, fair and economical, with the ultimate aim of lowering costs to patients and consumers who ultimately pay the bills," said Barkhausen.

Dillard introduced the bill to the Senate Judiciary Committee at a March 1 hearing in Springfield. Testifying in support of H.B. 20 was Ed Murnane, president of the Illinois Civil Justice League, who responded to accusations that the league represents only big business. After listing all the league's members, Murnane said: "The diversity of the Illinois Civil Justice League shows how widespread the support for civil justice reform is in Illinois. Too many people are taking unfair advantage of the system to get their hands on large damage awards."

In an interview after the hearing, Murnane said, "The reason the members of the league have banded together to support this legislation is not because they are interested in denying an aggrieved party the right to be fully compensated for wrongs done to them but because they see a system that has gone out of control and needs reform."

Other provisions in H.B. 20 that are important to physicians include a change regarding the availability of medical records. The issue stems from the Petrillo doctrine – the result of a 1986 Illinois Court of Appeals ruling in *Petrillo vs. Syntex Laboratories Inc.* In its decision, the court ruled that physicians and defense attorneys could not conduct ex parte communication, meaning they are barred from communicating without the plaintiff's express consent and outside the presence of the plaintiff's attorney,

explained ISMS General Counsel Saul Morse. "Courts have interpreted this ruling to prohibit hospitals from talking to employees about information contained in medical records."

As a result of the Petrillo doctrine and subsequent cases reinforcing it, unnecessary delays have occurred during litigation, Morse said. With passage of H.B. 20, plaintiffs will have to provide written consent within 28 days, authorizing the release of medical records that are pertinent to the lawsuit. If the information is not provided, a defendant can seek a court order to obtain the records or have the case dismissed, he added.

For many years, the plaintiff bar has

attempted to change tort law to allow the naming of fictitious parties in medical malpractice lawsuits. Such a change would permit plaintiff attorneys to name John Doe defendants when a suit was filed and then try to find a negligent party as the case progressed. "This bill makes it clear that there is one real defendant in a case," Morse said.

H.B. 20 also amends the malpractice affidavit requirement by mandating that



Philip

plaintiffs provide the name of the physician who reviewed the case and certified that it had merit. In addition, the bill defines expert witnesses as individuals who spend at least 75 percent of their time in practice, teaching or research. Physicians who have been retired for more than 10 years cannot testify.

To date, 21 other states have enacted similar tort reform measures, Fitzgerald said. And many have been upheld by those states' Supreme Courts. If there is a court challenge, Dillard said he believes H.B. 20 will be found constitutional. "We have the statistics and certainly the public's approval of the policy that we are promulgating." ■

Thank You,
Illinois Physicians.
With your support,
tort reform passed.

Politicians aren't
the *only*
ones fighting
for *your rights*.

We're fighting, too. Because unlike most insurers, ISMIE is owned and operated by doctors. We know what it's like to practice medicine in a litigious environment. And we're doing something about it. By working with the Illinois State Medical Society for a cap on non-economic damages.

For doctors in California and other states, caps have led to a stabilization in rates and premiums. So when you hear about the battle over Illinois tort reform, remember. ISMIE isn't just fighting for a piece of legislation. We're fighting for you.

For more information on ISMIE, ISMS or our role in tort reform,
call 1-800-782-4767.

Illinois State Medical Inter-Insurance Exchange
ISMIE
The Physician-First Service Insurer

Hastert

(Continued from page 1)

said in his letter.

Hastert said he doubts the report will derail efforts to make tort reform a key issue in the health care debate. "I've been talking and working with people in health care. Defensive medicine is on everyone's mind. It is there. It does add to the cost of health care. I think people will take the report for what it is. Defensive medicine is a problem, and any piece of legislation dealing with health care will have to have significant malpractice reforms."

Hastert also criticized the OTA's methodology in investigating whether defensive medicine accounts for a large, medium or small portion of the use of medical technologies. But in his response letter to Hastert, OTA Director Roger Herdman said that "such a qualitative assessment would inform Congress about the extent to which the defensive medicine issue should drive legislative debate about malpractice reform."

To gauge the pervasiveness of defensive medicine, the OTA said it worked with medical specialty societies to survey member physicians, presenting them with scenarios likely to cause the practice of defensive medicine. Member physicians were then asked to indicate the clinical actions that would reduce malpractice costs.

Hastert strongly criticized this approach because the scenarios measured only doctors' conscious actions,

even though the OTA defines defensive medicine as "medical practices so ingrained in customary practice that physicians are unaware that liability concerns originally motivated their use." In addition, the OTA studied only diagnostic procedures, which skewed the estimate of defensive medicine downward, since many therapeutic procedures are also likely to be used defensively, he said. A C-section might be considered such a therapeutic procedure.

In addition, Hastert challenged the report's claim that little correlation exists between physicians' practice of defensive medicine and their history of malpractice suits. "This observation is also severely flawed because it fails to take into account the very nature of defensive medicine," Hastert wrote in his letter to the OTA. "If one physician is sued, all physicians tend to change their behavior, which is why it is termed 'defensive' medicine."

"The OTA report and the response to Rep. Hastert's letter appear to downplay the impact of defensive medicine and the role it plays in our health care system," said ISMS President Alan M. Roman, MD. "Congressman Hastert astutely realizes some non sequiturs between the report's findings and conclusions and articulates clearly and concisely some of the flaws that damage the report's credibility."

Especially troubling to physicians is the OTA's contention that traditional tort reforms, including caps on noneconomic damages, may have little effect



Hastert deals with health care issues from his Capitol Hill office. He recently attacked a government study that contended defensive medicine only minimally affects costs.

on medical practice. But Hastert, who was named by House Speaker Newt Gingrich to oversee the development of a Republican health care reform plan, called that conclusion unfounded. "After greatly underestimating defensive medicine, the report concludes that tort reforms have little impact," Hastert wrote. "How can the OTA find that defensive medicine cannot be measured, yet conclude that solutions are ineffective? How could tort reforms impact a problem that does not exist and cannot be measured?"

"Physicians in Illinois know the tremendous impact of defensive medicine on the bottom-line economics

of delivering care and look forward to reforms that will not only decrease the amount of defensive medicine, but will also result in cost savings for the public," Dr. Roman said. "We remain indebted to Congressman Hastert for the leadership he displayed during the trying health care reform debate and for his almost single-handed attempt to correct the flawed conclusions in the OTA report." Left unchallenged, the OTA report could have led some to draw inappropriate opinions regarding defensive medicine and ultimately could have hurt the chances of attaining meaningful malpractice reform, Dr. Roman noted. ■

SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



AIR
FORCE



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



Endorsed by the:
Illinois Academy of
Family Physicians

“These days, any doctor can get **sued**. That’s why I chose ISMIE. Their high underwriting standards are my assurance that other policyholders are **insurable**. And that they’ll stay that way.”



No one is immune. With malpractice suits on the rise, you need an insurer that can provide you with the security of comprehensive liability protection. Namely, the Illinois State Medical Inter-Insurance Exchange. At ISMIE, physicians review professional liability history, risk of specialty, years in practice and other factors to provide solid coverage at the fairest possible premium. Our standards are high. But it’s our prudent underwriting practices and constant risk review that assure your coverage is sound. And that the other policyholders are as insurable as you are. Call 1-800-782-4767 for a free ISMIE Resource Guide.

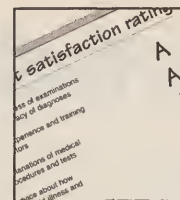
Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

Edgar includes health programs in budget

PAGE 5

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • MARCH 24 1995



Making the grade in the managed care marketplace

PAGE 9



As the Illinois Senate voted to pass H.B. 20 on March 3, attorneys and law clerks line up to beat the bill and file lawsuits at the Cook County Circuit Court. From Feb. 27 through March 2, suits filed increased 615 percent over the average for a four-day period.

Caps bill endured tough battle to passage

OVERVIEW: Opponents waged several battles to defeat tort reform legislation, but they failed.

[CHICAGO] Two days before Gov. Jim Edgar signed H.B. 20 into law on March 9, groups backed by plaintiff attorneys were still trying to derail the comprehensive tort reform legislation passed by the General Assembly. Staging a press conference in Chicago, representatives of the self-styled Campaign to Protect Consumer Rights, which fought to defeat tort reform throughout the legislative session, tried to meet with the governor to attempt to dissuade him from signing the bill. Their efforts were unsuccessful, and Edgar signed the bill. However, the event outside the governor's Chicago office characterized the public fight for caps and other tort reforms in Illinois this year.

As the General Assembly in January prepared to take up the issue of tort reform and caps on noneconomic damages, opponents, led by the plaintiff bar, saturated Illinois' radio waves with misleading advertisements. The Illinois Civil Justice League then mounted a counter-offensive, explaining to statewide media outlets that tort reform would benefit all Illinoisans. The war of words between the two sides framed the subsequent

debate in the state legislature.

"I think it's important for everyone to understand that this is the most comprehensive legislation to pass in the United States," said Ed Murnane, Civil Justice League president. Murnane credited the bill's passage to ISMS and other league members that banded together to

(Continued on page 13)

INSIDE

ISMS and IAO oppose optometrists' use of therapeutic drugs

PAGE 3

DEPARTMENTS

News Briefs2

Commentary6

ISMIE Update8

Classifieds11

Edgar signs H.B. 20

TORT REFORM: Governor says law will spur job growth and help make health care more accessible. BY MARY NOLAN

[SPRINGFIELD] Keeping his long-standing promise to enact tort reform in Illinois, Gov. Jim Edgar signed H.B. 20, a bill featuring a \$500,000 cap on noneconomic damage awards, indexed to inflation, for all civil lawsuits, including medical malpractice cases. "This legislation puts a cap on noneconomic damages. It provides substantial changes in product liability laws and safeguards those manufacturers against frivolous lawsuits," Edgar said during a March 9 bill-signing ceremony.

Edgar said he first called for this type of legislation when he announced his candidacy for governor in 1989 and has renewed that pledge every year since. "This year I am very pleased the legislature has responded in a very positive manner very quickly." The law will spur job growth and help make health care more accessible and affordable in Illinois, he said.

"Businesses will be able to put more of their dollars into job creation instead of protecting themselves against frivolous lawsuits and ex-

sive awards," the governor noted. And physicians and health care providers will be more financially able to practice in underserved areas.

Edgar said he believes the vast majority of Illinoisans welcome tort reform because it will bring sanity to a system that currently benefits only a few wealthy lawyers. Under the new law, people will still have the right to sue and receive a fair payment for any injustices they experience, he explained. "We are preserving the right of individuals to seek compensation from those who may have wronged them. Let there be no doubt about that. Other states have even more restrictions than Illinois will now have." The law will also reduce the frivolous lawsuits that clog the courts and raise liability insurance costs across the state, Edgar added.

"When you think about our court system being out of balance right now, [with] not-for-profit organizations being afraid to try new things at

(Continued on page 15)

New law contains med mal provisions

LEGAL ISSUES: New legislation modifies the Petrillo doctrine. BY KATHLEEN FUREORE

[CHICAGO] In addition to establishing a \$500,000 cap, indexed to inflation, H.B. 20 addresses other critical medical malpractice issues. It prohibits naming fictitious parties in complaints in order to designate respondents in discovery, abolishes joint and several liability, mandates disclosure of the identity of medical experts consulted for affidavits of merit and calls for stricter requirements for expert witnesses. These topics will be covered in a new series in Illinois Medicine, beginning with the following story on changes in the Petrillo doctrine.

The Petrillo doctrine was established in 1986 when the Illinois Court of Appeals ruled in Petrillo vs. Syntex Laboratories Inc. that physicians and defense attorneys could not communicate without the plaintiff's express consent and outside the presence of the plaintiff's attorney. Subsequent cases caused the doctrine to become more entrenched. "H.B. 20 eliminates the progeny of Petrillo and provides that when patients put

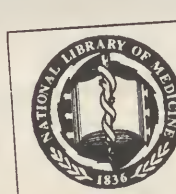
their medical conditions at issue in a case, medical records have to be made available more quickly and with less expense than current law allows," said ISMS General Counsel Saul Morse. "It should speed up litigation and make it less costly."

Under H.B. 20, patients who file medical malpractice suits must authorize the release of their medical records to the defendant within 28 days. If they fail to do so, defendants can seek a court order to obtain the records or have the case dismissed, Morse said. The release applies to any records the defendant requests, not just records the plaintiff considers pertinent. "The whole purpose of discovery is to determine what both sides believe is important to the case. Other-

wise, it would be up to the plaintiff to decide what is relevant. What becomes admissible in court, what can be used as evidence, is where the issue of relevance comes in."

In Petrillo, the plaintiff's attorney objected to ex parte communication between the defense counsel and the plaintiff's subsequent treating physician. The court granted a motion prohibiting the defense from engaging in such ex parte communication and ruled that permitting such communication with a patient's subsequent treater violates the "confidential and fiduciary nature of the physician-patient relationship." In its decision, the court also noted that although the plaintiff "implicitly consents to the release of otherwise privi-

(Continued on page 15)



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

DESIDUA - - - - - FILE
MD 20894

TB rates decline in Chicago

INTERVENTION: Health officials cite aggressive public health efforts. BY MARY NOLAN

[CHICAGO] Public officials are crediting the Chicago Department of Health's Tuberculosis Control Program with achieving the city's first drop in TB cases since 1987. The data revealing the decline were released by local officials during a mid-February presentation in Chicago.

A total of 719 new TB cases was recorded in Chicago last year, said William Paul, MD, medical director of the Chicago Department of Health's communicable disease division. That figure represents a 10-percent decline since 1993 and the largest decrease in more than 10 years, Dr. Paul noted. Nationwide, the incidence of TB has increased 18 percent since 1985, according to figures from the U.S. Occupational Safety and Health Administration. In 1990 alone, some 25,500 new TB cases were reported across the United States, and a year later, 3,700 cases occurred in New York City, the OSHA data showed.

In the 1920s and 1930s, tuberculosis was considered the nation's most feared killer of adults. From the 1940s until the mid-1980s, TB declined steadily. But the disease recently re-emerged in large U.S. metropolitan areas.

"This decline in [TB] cases is significant and dramatic, demonstrating that the aggressive interventions launched in

Chicago over the past few years are bearing fruit," said Whitney Addington, MD, president of the Chicago Board of Health. He cautioned, however, that the declines should not be overblown. More work is necessary to control the disease further, he added. "The transmission is still occurring, especially among children."

For several years, the city of Chicago has joined forces with county health officials on a TB task force to devise and implement an action plan to thwart the disease. The task force uses a prevention and treatment strategy that maximizes current resources and ends the duplication of services that department officials said has historically existed among various public agencies. In addition, the task force established a subcommittee on professional education to provide physicians with information about TB. "There's a whole generation of doctors that hasn't seen a case of TB," said James Andersen, MD, chairman of the subcommittee. "At one time, TB was considered long gone, but it's back. We're trying to increase awareness of the problem within the medical community so that doctors consider TB when they see patients."

Among the subcommittee's projects were a lecture program and technical booth at the Chicago Medical Society's

A CLERK in the law division of the Cook County Circuit Court has her hands full of paperwork for new lawsuits. At the close of business on March 2, a total of 5,453 lawsuits had been filed – a 120-percent increase over the same period in 1994.



John McNulty

1995 Annual Midwest Clinical Conference that provided updates on TB in the Chicago area, Dr. Andersen noted.

The city also launched a directly observed therapy program to help patients take their medication regularly. Under the program, health department officials visit the homes of TB patients to ensure they are taking all their medication as prescribed. Officials believe the labor-intensive intervention program is important because patients who fail to adhere to their treatment regimen can contract tuberculosis again and infect others. They also can develop deadlier, drug-resistant strains of TB.

Since its inception in 1992, the observed therapy program has expanded from a roster of 70 TB patients to more than 280 people at times. "Today's news is most encouraging to all of us who have been actively engaged in the battle against TB – from Mayor [Richard] Daley and high-level policy-makers all the way down to our public health nurses and communicable disease investigators who confront tuberculosis on the front lines," said Sheila Lyne, RSM, Chicago health commissioner. Although TB appears to be decreasing, "we must sustain our efforts to keep it that way," she concluded.

IMPAC Annual Meeting and council elections set

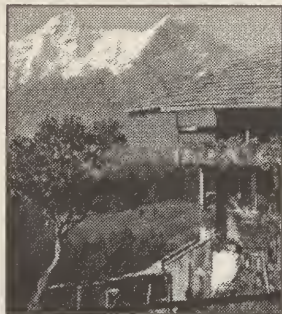
The Illinois State Medical Society Political Action Committee's Annual Meeting will be held Friday, April 21, at the Oak Brook Hills Hotel. Open to all IMPAC members, the meeting will convene immediately after the morning session of the ISMS House of Delegates.

Elections for IMPAC Council members will be conducted during the meeting. Nominees for appointment or reappointment to the council are the following: Dennis Brown, MD, Chicago; Richard Geline, MD, Skokie; Richard Jorgensen, MD, Wheaton; David Littman, MD, Highland Park; Paul Mahon, MD, Springfield; George Mitchell, MD, Marshall; Richard Quinones, MD, Chicago; Mary Ann Stoffel, Moline; Robert Vanecko, MD, Chicago; and George Wilkins Jr., MD, Edwardsville.

For more information, call ISMS at (312) 782-1654 or (800) 782-ISMS, ext. 1243.



Illinois State Medical Society Presents Two Exciting Tours From Chicago



SWITZERLAND & GERMANY August 25-September 2, 1995 September 1-9, 1995

\$995.00 Per person, double occupancy.
(Plus \$34.00 taxes.)

SWITZERLAND is referred to by many as one of the most breathtaking, picturesque countries in Europe. Experience the splendor of the mountains, the fascinating cosmopolitan cities, the quaintness of Swiss villages and the music that seems to ring through the countryside mingled with the spirit and charm of the people.

THE BLACK FOREST, IN GERMANY, is a charming sunny cluster of secondary high mountain ranges, named "black" because of the dark firs in the dense woods. Thatched roof gingerbread style buildings are found everywhere in the quiet valleys, as are colorful native costumes.

IRELAND September 1-9, 1995 September 8-16, 1995

\$995.00 Per person, double occupancy.
(Plus \$37.00 taxes.)

This precious stone set in the silver sea awaits you! Come and explore the legendary greens of Ireland, and learn why it is called "The Emerald Isle." Witness for yourself the breathtaking coastal and mountain terrain. Visit extraordinary castles and charming cottages. Search for shamrocks – maybe even see a Leprechaun! Or, have a pint at a village pub. Ireland is truly a land of merriment and friendliness. We invite you to experience it for yourself!



TOURS INCLUDE

- Round trip jet transportation.
- Deluxe motorcoach transportation.
- 7 nights First Class hotels.
- Exciting daily and evening tours.
- Continental breakfast daily.
- Completely escorted, and more!

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

For additional information and a color brochure contact:

GLOBAL HOLIDAYS

OR

9725 Garfield Avenue South, Minneapolis, MN 55420-4240
(612) 948-8322 Toll Free: 1-800-842-9023

Meeting and Travel Services
Illinois State Medical Society
Twenty North Michigan Avenue, Suite 700
Chicago, Illinois 60602
(312) 782-1654 or 1-800-782-ISMS

LaGrange Memorial joins senior outpatient clinic

[LAGRANGE] The LaGrange Memorial Health System has announced an affiliation with the Geriatric Assessment Center of King-Bruwaert House in Burr Ridge, an outpatient clinic specializing in health care services for older adults. The affiliation is aimed at providing high-quality outpatient services and comprehensive health evaluations, according to LaGrange officials.

Medical staff members at the assessment center will monitor patients who receive additional care through the health system's facilities, said Lawrence LaPalio, MD, medical director of the assessment center and director of geriatrics for the LaGrange Memorial Health System. "Patients often come to the center because they, their families or their primary care physicians are concerned about the patient's physical or mental condition."

The combined resources of the two organizations will result in expanded specialized services for seniors through a new comprehensive health evaluation service, said Kathleen Murray, residential health coordinator for the LaGrange health system. "That evaluation service addresses patient needs – physical, psychological and social." It includes a complete physical examination and lifestyle analysis focusing on current

medication, mental attitude, problems with urinary incontinence, diet, safety concerns and the ability to perform daily activities. In addition, patients who have experienced memory loss can undergo an Alzheimer's disease assessment, as well as the exams, lab tests, X-rays and imaging procedures included in the evaluation, added Murray.

Evaluation results will be shared with patients, their families and referring physicians to help develop personalized care plans, said Dr. LaPalio. "Patients and their families work with health professionals at the [assessment] center to cope with existing health problems, determine treatment options, identify safety needs and locate community resources and services, as well as find a physician, if necessary," he added.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

ISMS and IAO oppose optometrists' use of therapeutic drugs

LEGISLATION: Bill allowing optometrists to use and prescribe therapeutic drugs advances from Senate. BY MARY NOLAN

[SPRINGFIELD] On March 9, the Illinois Senate passed S.B. 185, a bill that would allow optometrists to use and prescribe therapeutic drugs. The measure, sponsored by Sen. Frank Watson (R-Carlyle), will now be considered in the House. S.B. 185 is opposed by ISMS and the Illinois Association of Ophthalmology.

Introduced in the General Assembly for the last seven years, the legislation amends the Illinois Optometric Practice Act of 1987 and expands optometrists' use of ocular pharmaceutical agents to include therapeutic treatment of patients.

The bill is not good for the people of Illinois because it allows nonphysicians to practice medicine, said Ron Simone, MD, an ophthalmologist in Geneva. "It's not fair to the people who don't recognize the differences in training and education [between] ophthalmologists and optometrists." He cited the fact that ophthalmologists not only attend four years of medical school but also complete an internship and a residency, during which they see as many patients in two weeks as optometrists see in four years.

"It's a real serious problem," Dr. Simone continued. The bill is a stepping-stone for optometrists to practice medicine, and people deserve to receive the best medical care for their eyes, he explained.

The issues surrounding S.B. 185 are based on patient care, not economics, according to Gary Rubin, MD, legislative chairman for the IAO. The bill attempts to allow optometrists to perform any nonsurgical procedure that is taught in optometry schools even though optometrists lack the same medical training ophthalmologists receive. "Our concern is that [optometrists] will permit themselves to do laser surgery,"

said Dr. Rubin. Such procedures are not clearly defined as surgical or nonsurgical, he added.

"ISMS is still very much opposed to the bill because it licenses optometrists to practice medicine without adequate training," said ISMS President Alan M. Roman, MD. "This would give optometrists almost the same privileges as physicians, except for surgery. Expanding optometrists' scope of practice would exceed their education, train-

ing and clinical experience. The Society is working hard to oppose this bill. Our lobbyists are working very hard, and many of our ophthalmologists are, too. As much as anything, past efforts resulting in the defeat of optometric bills demonstrate the value of specialty societies and ISMS working together."

The legislation would allow optometrists to treat medical diseases in the eye, such as glaucoma, infections and inflammations, said Bernard Gawne,

MD, an ophthalmologist who practices in Aurora. In addition, optometrists would be able to remove superficial corneal bodies from patients' eyes.

Dr. Gawne believes the legislation would not be in the best interest of patients because they don't readily understand the difference between ophthalmologists and optometrists. The legislation could also result in delayed referrals, he noted. "It will cause a lot of confusion in the public sector." ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

BCBSI OUTPATIENT PRESCRIPTION FORMULARY

In January of this year, Blue Cross Blue Shield of Illinois (BCBSI) distributed to all BCBSI participating physicians a copy of a new Outpatient Prescription Drug Formulary. BCBSI would like to take this opportunity to share some further information on this new program with its participating providers.

In its role as an accountable healthcare company, BCBSI recognizes the importance of a progressive program of managed care pharmacotherapy, focusing on the goal of therapeutically appropriate and cost effective drug usage. As such, BCBSI has enlisted the services of Wellpoint Pharmacy Management for the implementation of a corporate formulary and drug utilization review program. Wellpoint is a national pharmaceutical benefit management company, that began as a subsidiary of Blue Cross of California, and presently provides services to a number of BCBS Plans. The Formulary book itself lists all those pharmaceuticals, by therapeutic class, that are the preferred products for BCBSI enrollees who have a prescription drug benefit. The Wellpoint Pharmacy and Therapeutics Committee, which is comprised of nationally recognized experts from a wide range of physician specialties, and which includes representation from the BCBSI Medical Department, regularly reviews the composition of the formulary, and evaluates recommendations for any additions or changes. Physicians may request evaluations of specific drugs for inclusion or deletion in the formulary by following the procedure outlined in the introductory section of the formulary book.

As an added quality improvement feature, concurrent drug utilization review is also part of the program. At the time an online pharmacist enters into the system a patient prescription, a complete medication history is available for comparison. Should a potential drug/drug interaction be identified, or the presence of multiple simultaneous drugs in the same therapeutic class, or non-standard dosages, a warning will be displayed to the pharmacist, who will then contact the prescribing physician for clarification.

The new Outpatient Drug Formulary replaces the previous HMO Illinois formulary for use in that program, and also applies to members in the Blue Advantage program. In both of these instances, members can receive on-formulary drugs at a significantly lower copay than for off-formulary products. With respect to enrollees in the BCBSI PPO or for those who have indemnity coverage, use of the formulary is not mandatory nor linked to benefit level, but it remains highly recommended to prescribing physicians. As BCBSI looks to the future and anticipates an even greater number of managed care programs, it is apparent that a single, unified formulary program applicable to all networks will offer important advantages. In addition to the efficiency of having a sole formulary document for purposes of updating and maintenance, a unified formulary will present much less confusion to participating providers who may see patients from several BCBSI networks. Periodic updates on the formulary program will appear in future issues of the Blue Sheet.

SPECIAL NOTICE - 1995 CPT CODES

All new 1995 Current Procedural Terminology (CPT) codes will be loaded in our procedure file as of January 1, 1995. Providers may begin using the new codes on this date. CPT codes that were deleted effective January 1, 1994 will be removed from our system on April 1, 1995. You may continue to use the deleted codes until this date; any claims received after April 1 with a deleted code will be denied. CPT codes that were deleted effective January 1, 1995 will be accepted until 1996. If you have any questions concerning this notice, please contact your Provider Affairs representative.

(Issue: 03/24/95 - ALW)

Pro-bono immunity bill passes House

[SPRINGFIELD] The Illinois House of Representatives this month passed a bill, prompted by ISMS, that would extend immunity to physicians, hospitals and other health care providers who accept indigent patients originally referred from free clinics. The measure, H.B. 355, was sent to the Senate by a vote of 92-21, with three not voting and two voting present. The bill is sponsored by Reps. David Leitch (R-Peoria), Donald Saltsman (D-Peoria), Ann Hughes (R-McHenry), Larry Wennlund (R-New Lenox) and Gwenn Klingler (R-Springfield).

If enacted, the legislation would help recruit more volunteer physicians who work in specialized areas of medicine, because they would be exempt from medical liability even if they treated those patients in their offices, according to Leitch. This type of incentive "makes them more likely to volunteer," he added. Physicians who work on the premises of free clinics already have such immunity.

Leitch said that for the last several years he has been working with physician members of the Peoria Medical Society to establish free clinics for indigent and homeless patients. ■

MARIE STENSLAND, an ISMIE senior professional liability analyst, is the most recent recipient of the ISMS Employee Recognition Award. Stensland's area of emphasis is cases involving birth-related and neurologic injuries. She has worked for ISMIE since June 1990.



Carla Sommerfeld

Report on Financing of Practice Acquisitions

HPSC Financial Services has recently provided the financing for the acquisition of practices whose selling prices are shown below.

State	Selling Price	State	Selling Price	State	Selling Price
CA	\$60,000	GA	\$329,000	MI	\$365,000
CA	55,000	ID	225,000	MI	214,000
CO	55,000	LA	185,000	MO	300,000
FL	240,000	LA	129,000	MO	395,500
FL	125,000	MA	120,000	NM	160,000
FL	270,000	MA	355,000	NY	165,000
FL	225,000	MA	150,000	NC	295,000
FL	90,000	MA	235,000	NC	90,000
FL	90,000	MA	100,000	PA	95,000
FL	275,000	MA	85,000	VA	94,000
GA	150,000	MA	115,000	VA	150,000
GA	225,000	MA	120,000		

Selling, expanding, acquiring a practice?
HPSC, which has financed over 60,000 doctors
since 1975, offers you all these benefits:

1. Financing of practice acquisitions, up to 100% of purchase price. Competitive fixed rates – no "points," variables, or hidden fees.
2. Through broker network we help seller find a buyer; buyer find a seller; get appraisals, assist with practice projections.
3. For start-ups and expanding practices, we finance equipment, leasehold improvements, working capital, merchandise contracts, computers, and other office equipment.
4. Innovative, flexible custom plans, geared to cash flow; tax benefits.
5. Leasing options: deferred payment; no down payment; graduated payments up to 72 months.
6. Quick response: up to \$125,000, 1 hour. Over \$125,000, with all requested documents in place, 24-48 hours.
7. Easy add-on to existing lease as practice grows.
8. Funding, servicing of all contracts in-house.

Would you like to discuss your project, or get more information?
 Call us at 1-800-225-2488 or fax 1-800-526-0259.



Innovative Financing
for Healthcare Professionals

Sixty State Street, Boston, MA 02109-1803

Pediatric pals assist young patients

SUPPORT: Volunteers help hospitalized children when parents can't. BY KATHLEEN FURORE

[SPRINGFIELD] Pediatric patients and their families are receiving respite and support through a service implemented in December 1994 at St. John's Hospital in Springfield. The hospital's new Pediatric Pals Program enlists volunteers who cuddle babies, feed toddlers and play games with older patients, according to Leona Burnham, RN, a pediatric clinical nurse specialist at St. John's.

The hospital created the program for several reasons, Burnham explained. "We needed someone to support the parents and to spend time doing psychosocial activities with the kids. The children needed some 'safe' people to be their friends – not the same people who would be giving them shots and medications."

After completing the hospital's general volunteer training and orientation program, volunteers spend 2½ hours in a special orientation session that includes a tour of the pediatric unit and a discussion of such issues as normal childhood growth and development and child safety, Burnham noted. "We talk about things like keeping the side rails on beds up and not taking a child off the unit without [his or her] parents. And we give them suggestions about age-appropriate books, crafts and games."

Pediatric pals are then paired with members of the pediatric nursing staff to

"help break the ice," Burnham said. Since December, 15 people have volunteered to become pediatric pals, she added. "It's a dedicated group. One is a retired kindergarten teacher who always wanted to rock babies when she retired. Another is an artist who brought a gingerbread house and cookies in for the kids to decorate at Christmastime."

Physicians also support the volunteer pals. In fact, the program has benefited not only young patients but their parents, too, said Mary Dobbins, MD, a Springfield pediatrician. "It is a wonderful concept and makes a tremendous difference for my patients. Parents can't always stay [at the hospital], or they stay and get exhausted. This has been very helpful because now they can take a break."

Although the program is still in a pilot phase, hospital officials hope to expand it, Burnham said. "We want to get everyone familiar with the volunteers and make sure we haven't overlooked anything. But we already have a huge waiting list of volunteers and are constrained only by our staff's availability to do the training."

"Kids in hospitals need more rocking and holding [than healthy children]," Burnham added. "They like having someone to play with. This gives us a way to meet their needs."

The Verdict Could Wipe You Out!

Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly one-half (47%) were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (APT) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an APT and its many legal advantages, call the offices of Robert D. Gillen at (708) 420-7300 today. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

Don't let a lawsuit
wipe out a lifetime of work.
Call today.

(708) 420-7300

The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540

Edgar includes health programs in budget

HIGHLIGHTS: Vaccines for Children and lead abatement programs fare well. BY KATHLEEN FURORE

[SPRINGFIELD] During a March 1 address to the Republican-controlled General Assembly, Gov. Jim Edgar unveiled his proposed \$33-billion budget for fiscal 1996. Edgar commended legislators for showing that "progress can take the place of gridlock and action can take the place of excuses." The governor then outlined a budget plan that includes funding for such health-related initiatives as Illinois Vaccines for Children Plus and a new lead abatement program. The budget does not call for tax increases, Edgar said. However, it continues the 1994 freeze on rates for hospitals and long-term care facilities. In addition, it reinstates the health facilities assessment program that would have ended in June. The budget request for physician funds is 5.81 percent higher than the fiscal '95 appropriation.

"The budget I am proposing today allows us to provide more for our citizens where I believe more must be provided, without asking more from our taxpayers," Edgar said. "Once again, we are going to hold the line on taxes. And once again, we are going to downsize state government." Almost 1,000 state jobs will be eliminated, which "will more than offset [the cost of] the staff we must hire to expand our prison system and respond to the explosion of child abuse and neglect cases."

Illinois' strong economic recovery will generate sufficient additional revenues to meet essential needs, the governor said. "The reforms already achieved in this relatively young legislative session also underscore our commitment to assuring that taxpayer dollars are spent wisely and effectively. It is a commitment that was reflected in the four budgets that have been fashioned since I became governor. And it is a commitment that drives the fifth budget of this administration."

IN THE PUBLIC HEALTH AREA, an extra 200,000 doses of vaccine will be purchased with federal funds plus the approximately 3-percent increase in state funding the governor proposed for the program, said Illinois Department of Public Health spokesperson Tom Schafer. The vaccine will be distributed free to physicians and their patients. Also included in Edgar's budget are funds for a 3-year, \$6-million program that will enable IDPH to provide free or low-cost screening for lead paint and blood testing to income-eligible individuals in five target areas, Schafer said.

In addition, Edgar called for IDPH to receive \$3.6 million to expand Project Cornerstone, a local case and information management system designed to integrate the delivery of maternal and child health services, Schafer noted. Overall, IDPH's budget will jump by 6.3 percent, or \$6.6 million, as a result of Edgar's proposal, he added.

The governor's budget plan also seeks increases of \$3 million for substance abuse prevention and treatment, \$63.7 million from general revenues for mental health reforms and \$27 million for in-home services for the elderly and disabled.

Edgar also discussed the budget challenges associated with Illinois' Medicaid program. He promised only minimal

savings in fiscal '96 because of the federal government's delay in approving MediPlan Plus, his proposed overhaul of the state's Medicaid system.

"We've been unable to implement [MediPlan Plus] in Illinois because we need permission from federal bureaucrats," Edgar said. "I am hopeful, as a result of the change in Congress, that states will be allowed to manage their own welfare programs free of the micro-

management from Washington bureaucrats. Until then, we must deal with the present realities."

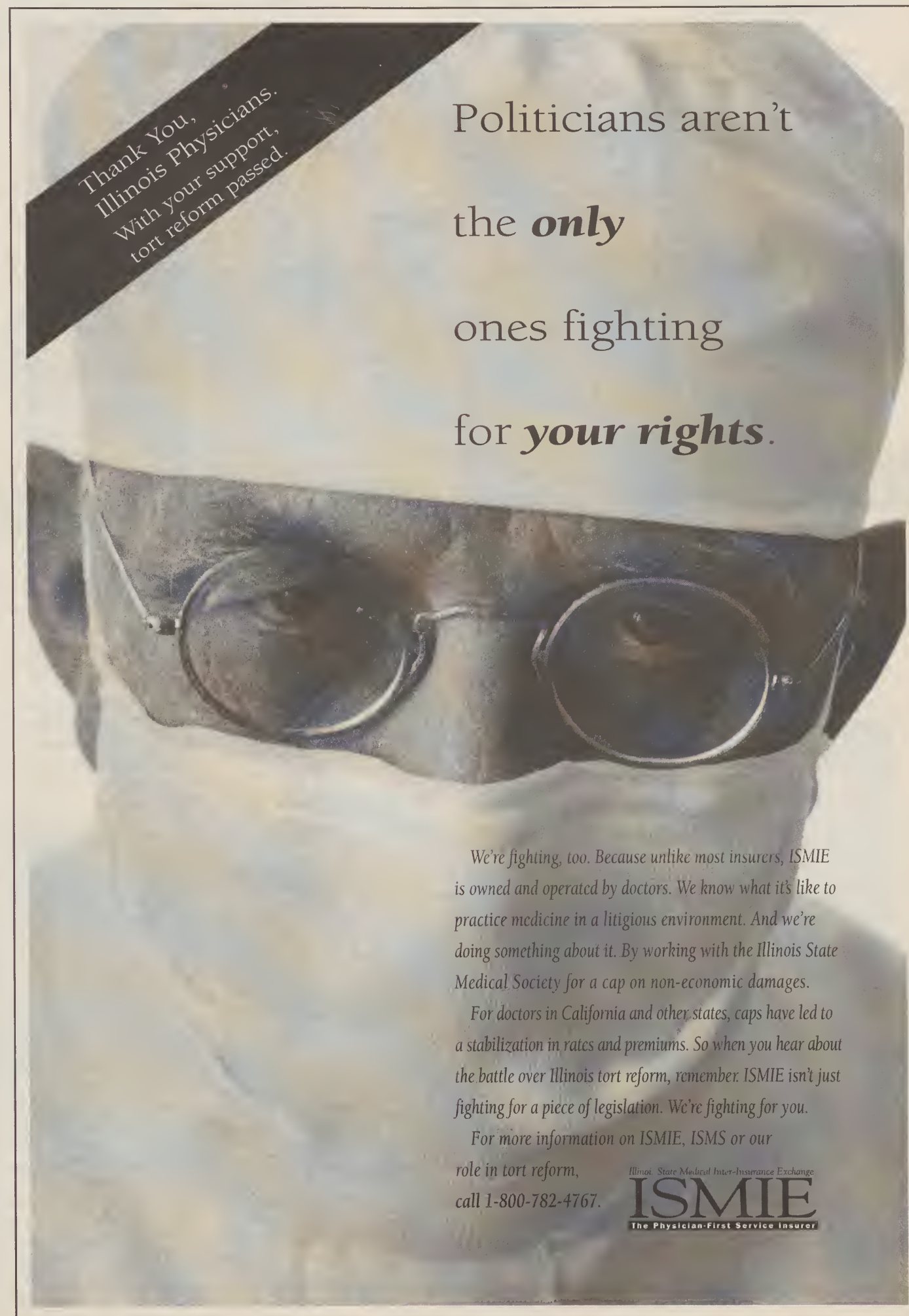
The governor said that without continuing the assessment program for health facilities, the rates that govern reimbursement to those institutions would have been drastically cut. In addition to paying assessments, available funding to those facilities will decrease by 4.28 percent. In the plan, all add-on payments to

hospitals that are not required by law will be eliminated, including those for graduate medical education. Disproportionate share hospital payments will not be affected.

The budget also proposes reducing the number of residents of long-term care facilities and eliminating loopholes regarding transfers of assets and liens.

Other budget highlights include a proposed education funding increase of \$294 million and a 10-percent boost in state funding for the Department of Children and Family Services.

"This budget moves us forward in the direction I have charted for Illinois," Edgar said. ■



Thank You,
Illinois Physicians.
With your support,
tort reform passed.

Politicians aren't
the *only*
ones fighting
for *your rights*.

We're fighting, too. Because unlike most insurers, ISMIE is owned and operated by doctors. We know what it's like to practice medicine in a litigious environment. And we're doing something about it. By working with the Illinois State Medical Society for a cap on non-economic damages.

For doctors in California and other states, caps have led to a stabilization in rates and premiums. So when you hear about the battle over Illinois tort reform, remember. ISMIE isn't just fighting for a piece of legislation. We're fighting for you.

For more information on ISMIE, ISMS or our role in tort reform,
call 1-800-782-4767.

Illinois State Medical Inter-Insurance Exchange
ISMIE
The Physician-First Service Insurer

Illinois Medicine

VOLUME 7, NUMBER 6

MARCH 24, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Alfred J. Clementi, MD	David B. Littman, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Harold L. Jensen, MD	Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Bringing sanity to the system

On March 9, Gov. Jim Edgar signed H.B. 20, the culmination of ISMS' 20-year effort to achieve a cap on noneconomic awards. The governor marked the occasion by saying, "Those who are lawsuit-happy will not be happy with this new law. It brings sanity to a system that has primarily benefited a very few very wealthy lawyers."

The governor did not exaggerate. H.B. 20 affected plaintiff attorneys even before it passed the General Assembly. While the vote was being taken in the Illinois Senate, swarms of lawyers and clerks were filing personal injury lawsuits to beat the bill's anticipated passage. In fact, during the week before the bill passed, the number of suits filed at the Cook County Circuit Court jumped from about 70 to a high of 619 per day. Plaintiff lawyers knew what was coming.

One reason they knew was that the president of the Illinois Trial Lawyers Association had written its members about the bill. He told them, "Believe me, it deals with far more than caps." And he was right. H.B. 20 contains other critically important medical malpractice reforms, which will be explained in a new series starting in this issue. The bill requires plaintiffs to disclose the identity of the medical expert consulted in an affidavit of merit and prevents abuses caused by plaintiffs' dropping lawsuits and later reviving them. It modifies the Petrillo doctrine, requiring plaintiffs to sign consent forms authorizing the release of health care information to

defendants within 28 days of filing lawsuits. It calls for expert witnesses to be board-certified or board-eligible in the same medical specialty as the defendant. Those are beneficial, crucial reforms.

But the ITLA letter presented the situation differently: "Those who voted in favor of this destruction of victim's rights had better be remembered at election time." In reality, those legislators who voted for H.B. 20 voted to contain insurance and health care costs and improve access to care in underserved areas. And they *should* be remembered at election time – and now. They should also receive our thanks.

"It was only due to tremendous pressure and outright political coercion that this bill was able to pass," said another ITLA member mailing. There was pressure all right, but it came from individual grassroots ISMS members contacting their legislators about a bill that benefits all Illinoisans. And there was pressure from members of the Illinois Civil Justice League, including farmers, park districts, city governments and consumers. However, there was also pressure against the bill from ITLA, the Illinois State Bar Association and the Campaign to Protect Consumer Rights, which receives backing from plaintiff attorneys.

Even though we faced relentless opposition, and we still face constitutionality challenges from ITLA representatives, a cap has now been signed into law, and the bill's sponsors are confident it will survive those challenges. Caps are finally a reality.

PRESIDENT'S LETTER

Of joy and sorrow

Alan M. Roman, MD



Midlife crisis occurs when you realize that your clothes and your children are approximately the same age.

Those good ol' days, when all is told,
 Were good because I was not so old.
 Those were the days that I could master.
 The pace was slower, and I was faster.

Just two days after the legislature approved caps, the phone rang in my inner office, but the ring sounded different. On the line was a corporate counsel in organized medicine. After exchanging pleasantries and congratulations he glumly said, "You know, my dad died. He was just 78. Had the usual things wrong, but he had no business dying. And I wasn't there." After getting off the phone, I thought about the juxtaposition between the joy of achieving tort reform and the sorrow of losing a parent.

The reality is, forever does not include you. Life is like a conveyor belt: Eventually you fall off. No matter how you spread out your years, at some point you will be a victim of aging, propelled into the past tense with heartbreaking finality.

Only now, as I pass through middle age, do I remember the feeling of invincibility that accompanies youth. I spent a good portion of my earlier years wishing I could be older and contribute more, and then I arrived, only to wish I were younger. The acceptance of mortality is one of our concessions to age, and at some indeterminate point, I accepted mine. The reminders were everywhere.

My wife found three gray hairs on my otherwise sandy brown head (really just hairs without color, I said). Last month, my insurance premiums increased for "attained age," in insurance vernacular. And on a recent rental agreement, I unconsciously wrote my age as 44, perhaps refusing to admit I was 45.

Midlife crisis occurs when you realize that your clothes and your children are approximately the same age. One day you wake up unable to wish away that feeling of stiffness. I even find myself

looking at obituaries and, worse yet, seeing the names of mentors, classmates and, God forbid, friends. What is most frightening about middle age is growing out of it.

I'm fast becoming a member of the "sandwich generation," in which parents care for not only their own children but their "chronologically gifted" parents as well. I could not imagine my life without my father or without knowing what it meant to have one. My parents provided a foundation to help me go my own way. They inspired me by their example to appreciate my family and not to major in minor things.

The reality is that you don't become old until your regrets replace your dreams. To live your life while forgetting your age is certainly sound advice. To age successfully, you have to start young in managing the stress of changing relationships and dealing with the aging process. In youth we learn, and in age we understand.

"Does everyone have to die sometime?" asked my son, Justin, the other night, just as I remember asking my parents. "Not for a long, long time," I said, which, as I recall, was how my parents answered me. "Cool," he said, and his youthful spirit was on to other things. However, I dwelled on that conversation, hoping that he first will finish his tasks, fulfill his plans and realize his dreams.

Our appetite for adventure, joy and wonder are what count. We are as young as we allow ourselves to be. As the saying goes, "Age is a matter of mind." And if you don't mind, it doesn't matter. The secret is not the years in your life but rather the life in your years.

Mortality is the price we pay for the privilege of love. With our age comes sensitivity, and with sensitivity comes fragility. Someday Justin will forget to call me. One day he will not be able to call me, but I never want him to forget me. Your mortality lies not in the things you leave behind but in the people whom your life has touched, for good or bad, along the way.

ISMS thanks sponsors of H.B. 20



Ron Ackerman

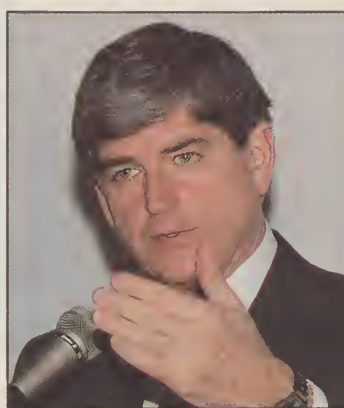
Gov. Jim Edgar signs H.B. 20 during a March 9 bill-signing ceremony in Springfield. In addition to most of the legislative sponsors of the bill, ISMS President-elect Raymond E. Hoffmann, MD (fourth from left), watched as Edgar signed the measure into law.



Matt Ferguson

Rep. Tom Cross (R-Yorkville)

"We have seen a literal explosion in the amounts sought from and often awarded by juries. This [\$500,000] cap is intended to address the inequities of the current civil justice system – inequities that have led to nonmeritorious lawsuits being filed with the desire to obtain a large award of noneconomic damages."



John McNulty

House Speaker Lee Daniels (R-Addison)

"We are trying to take the lawyers out of doctors' offices and operating rooms. This legislation attempts to take some of the fear of being sued for malpractice out of medical decisions."



Majority Leader Robert Churchill (R-Antioch)

"The sue-first, ask-questions-later environment of Illinois has been stifling ingenuity and possible life-saving medical advances. House Bill 20 was designed to change that environment and allow doctors to do what they do best: save and protect lives."



Ron Ackerman

Rep. Brent Hassert (R-Lemont)

"Being a small-business man for 15 years, I understand the need to reform the legal system. This legislation will reduce the fear of the unknown, offering more predictability to businesses so they can plan for growth and expansion."



Ron Ackerman

Rep. Ron Stephens (R-O'Fallon)

"In my part of the state, if we don't do this, we're going to continue to lose doctors to states where the civil justice system treats both the physician and the patient fairly. We need to help bring doctors back to rural Southern Illinois and establish fairness, a level playing field in the courtroom in every county in the state of Illinois."



Deputy Majority Leader Tom Ryder (R-Jerseyville)

"We are here today because we have a system that is being abused. Are we to look at the public good or the individual lottery? I want jobs in this state. I want people to innovate. I want to find some cures for some common diseases so that millions of people can be helped. And it's my belief that this bill [will help do] just that."



Ron Ackerman

Rep. Judy Biggert (R-Westmont)

"The first thing that was apparent [last year] was that no one from [the Republican] side of the aisle was allowed to present a bill that would amend the Code of Civil Procedure or present a bill that had the word tort involved in it and have any hope of passage. I think what we've seen [this year] is the need for tort reform, and its time has come."



Senate President Pate Philip (R-Wood Dale)

"We've been driving doctors out of the state. No one benefits from that. I think it's very important to remember that every penny of an individual's financial loss remains untouched. If an injury results in a loss of \$5 million, the victim can recover every penny."



Andrew Corrigan Halpern

Sen. Kirk Dillard (R-Downers Grove)

"Millions of Illinoisans were represented in the drafting of this bill. Yes, doctors support this legislation so they can go back to concentrating on health care, not unwarranted litigation."



Andrew Corrigan Halpern

Sen. Peter Fitzgerald (R-Palatine)

"There is no doubt in my mind that caps will reduce the cost of health care and limit the amount of plaintiffs filing lawsuits."



Andrew Corrigan Halpern

Sen. David Barkhausen (R-Lake Bluff)

"[H.B. 20 will make] our civil justice system more efficient, fair and economical, with the ultimate aim of lowering costs to patients and consumers who ultimately pay the bills."



Ron Ackerman

Sen. Dan Cronin (R-Elmhurst)

"The cap on noneconomic damages like pain and suffering is a sincere effort to permit a fair level of compensation for these intangible and theoretical concepts of justice. The noneconomic damages cap recognizes that our society has drifted too far in assigning blame and fault in a complicated world."



Ron Ackerman

Sen. Martin Butler (R-Des Plaines)

"The civil justice system today often compensates the injured without enough consideration for the responsibility of the injured party or the degree to which they were harmed. With these reform measures, there will be more equity in awards."

ISMS thanks
the sponsors
of H.B. 20

PAGE 7

ISMIE Update

Gov. Edgar
signs caps
bill

PAGE 1

Wellness committees aid impaired physicians' recovery

CHEMICAL DEPENDENCY: A physician shares his struggle to overcome substance abuse. BY MARY NOLAN

[CHICAGO] An Illinois physician recently recovered from a substance abuse problem. He credited that recovery from alcoholism in part to a hospital-based physician assistance committee based on a model developed by ISMS' Physician Assistance Program. The doctor told his story Feb. 22 during an ISMS seminar on forming and operating hospital-based physician wellness committees.

"A hospital physician wellness committee can help facilitate the early identification of physician impairment by educating medical staff members on how to recognize impairment and by providing a non-punitive, confidential mechanism to deal with impairment," said Dale Syfert, MD, chairman of ISMS' Physician Assistance Committee. "In addition, a hospital committee can be a valuable resource for residents and residency program directors. Hospitals with residency programs often encounter impairment problems among the residents, who are often afraid to come forward and seek help because they do not want to put their career in jeopardy."

The recovered physician said he was in denial during most of his ordeal. "It never occurred to me that I had a problem, though I knew I didn't feel well," he said. His identity, like those of all participants in ISMS impaired physician programs, was confidential. The doctor explained that substance abuse, especially alcoholism, is an insidious problem that is especially difficult for professionals to confront. "It's difficult for people who show up at work every day, who make their payments, who never get DUIs and who never went to jail." In other words, "it's difficult for people like me," he added.

The physician ultimately broke through his denial and addressed his problem. He

applauded the compassion shown by his hospital's wellness committee and ISMS. "I survived and appreciate the chance to come back and thank ISMS by helping others cope with the same problem."

There are many ways hospital-based wellness committees can work effectively with ISMS' Physician Assistance Program, said Martin Doot, MD, medical director of the ISMS program at Lutheran General HealthSystem in Park Ridge. The Physician Assistance Program is monitored by the ISMS Physician Assistance Committee and is funded by ISMIE as part of its risk management program. The program was designed to help motivate impaired physicians to join a treatment program in which they can be appropriately diagnosed and monitored and receive therapy, Dr. Doot explained.

When forming wellness committees, physicians and hospital administrators must remember that doctors with impairment problems like substance abuse often feel ashamed, Dr. Doot said. "If they don't look that way, they're in denial."

Those physicians, however, will not readily show their shame when they are sitting in a room filled with doctors confronting them about their impairment, Dr. Doot noted. "It's difficult to come out and talk about [addiction]." Physicians and hospital administrators operating wellness committees also need to help their impaired colleagues "recognize at some level that [those colleagues] have a problem. [Impaired physicians] have to have a whole lot of trust to be able to do that."

Dr. Doot directed the seminar attendees to spend a few minutes during the intervention reassuring the impaired physician, explaining to whom they should report, ensuring their confidentiality and addressing some possible consequences. "[That] is

why it was very important that this program be organized as an advocacy program and not have it report directly to the Illinois Department of Professional Regulation," he said.

WELLNESS COMMITTEE members must also be able to recognize the symptoms shown by impaired physicians, which differ depending on the stage of impairment. In the early stage, impaired physicians gradually withdraw socially, change their family interaction, exhibit behavioral changes and frequent mood swings, are unpredictable and have a low tolerance for stress, Dr. Doot explained.

The middle stage has been reached when physicians exhibit a lack of financial stability, erratic behavior, declining health, an unkempt appearance, poor judgment, interpersonal conflicts with colleagues or staff members, verbal abuse and an

increase in orders of pharmaceuticals. Finally, during the late stage, physicians demonstrate a marked alienation from friends, weight changes, gross malpractice, errors in medication prescriptions, poor documentation of patient records, apparent intoxication and poor technical skills, Dr. Doot added.

"The most important tool of our medical society program — after intervention and treatment — is our standard after-care agreement with a physician who has a substance abuse problem,"

*I survived and
appreciate the
chance to come
back and thank
ISMS by helping
others cope with
the same problem.*

Dr. Doot said. The written agreement is a signed affirmation describing how the assistance program will act as a friend and advocate for the impaired physician as he or she progresses

toward recovery. This includes seeking assistance among a physician's peers, family and medical community, he said.

Physicians should also be aware of the many legal issues surrounding physician wellness committees and interventions, said Edward Bruno, an attorney with Bruno & Weiner in Chicago. Illinois' Intervenor and Reporter Immunity Law states that "any trained intervenor or fact-reporter who participates in an intervention shall not be liable in tort for any personal injuries caused by any act or omission in the course of the intervention unless the act or omission constitutes willful or wanton misconduct."

Bruno added that intervenors and reporters of fact aren't liable for causes of action regarding invasion of a person's privacy, infliction of emotional distress, interference with family or colleagues or defamation unless the intervenor acted with malice or willful intent to injure the person.

Wellness committees of the future can prevent physician problems as well as confront them, Dr. Doot said. "I think the challenge of the next 10 years, especially with all the changes occurring in medicine, is [helping] physicians manage stress."

MALPRACTICE ROUNDUP

No damages awarded in fear-of-HIV suit

The California Court of Appeal recently ruled in favor of a surgeon whose patient sued for emotional distress after learning the doctor was HIV-positive, according to an article in the Medical Liability Monitor. The plaintiff, who tested negative for the virus 18 months after surgery, had appealed after a lower court handed down a summary judgment for the physician.

The appellate court based its decision on *Potter vs. Firestone Tire and Rubber Co.*, a case the California Medical Association said set strict standards for "fear of disease suits." The association said there was "undisputed evidence" that the patient in the subsequent case had not been exposed to the doctor's blood.

In addition to the medical association, the California Association of Hospitals and Health Systems and the California Dental Association filed amicus briefs in the case.

Survivors can seek recovery

An Illinois appellate court recently ruled that the family of a lung cancer victim could enter a claim for loss of society, even though the decedent had recovered from the injuries that led to her death. In *Dettman-Brunsfeld vs. Szanto*, the patient sued her physician for failing to diagnose her lung cancer and was awarded \$750,000, according to a case summary in the December 1994 issue of *Medical Malpractice Law & Strategy*. After the plaintiff died, her mother and sisters sought recovery for loss of society.

The trial court ruled that the personal injury award pre-empted the family's claim and dismissed the case. But on appeal, the court reversed the lower court decision, stating that under Illinois' Wrongful Death Act a survivor's claim of loss of society is separate from a decedent's personal injury claim, the summary explained.

MANAGED CARE

Making the grade in the managed care marketplace

To thrive, physicians must get top marks from patients and payers.

BY KATHLEEN FURORE

Earning straight A's from patients and payers can take effort, but physicians need to achieve high ratings to succeed in the increasingly competitive managed care marketplace, according to health care consultants.

"Physicians have to start thinking about what payers want, and more and more [managed care] plans are looking for physicians who are efficient and responsive to consumers' needs," explained Cheryl Toth, a consultant with Chicago-based Karen Zupko & Associates, a participant in ISMS' Consultant Referral Network. "When you come to the bargaining table, you have to position yourself as having good patient satisfaction and outcomes data. You have to show why plans should want you and why they should pay you more."

In fact, patient satisfaction is inextricably linked to overall practice efficiency, consultants said. Managed care organizations seek providers who offer high-quality care to patients who trust and respect them, noted Sharon Larrimer, of PS 2000, a consulting firm in Franklin, Ohio. "HMOs don't want patients choosing a competitor's managed care plan because they're unhappy with the providers in their current plan. The HMOs you belong to or want to join will survey your current patients on how well your practice responds to patient needs."

Because patient satisfaction is so important and affects efficiency, many managed care plans use a

(Continued on page 10)

Patient satisfaction rating

1. Thoroughness of examinations and accuracy of diagnoses
2. Skill, experience and training of doctors
3. Explanations of medical procedures and tests
4. Advice about how to avoid illness and stay healthy
5. Friendliness and courtesy shown to you by doctors
6. Personal interest in you and your medical problems
7. Amount of time you spend with doctors and staff during a visit

A
A
A-
B
B+
B
A

Making the grade

(Continued from page 9)

standardized survey compiled by the Group Health Association of America to determine how happy patients are, Toth said. "Payers are using this more and more to ask patients [how satisfied they are with] their health care. They want to know things like how long patients have to wait to see a doctor, how long they have to wait to be billed and if the staff is pleasant or rude." She advised physicians to get a copy of the Group Health Association document and conduct an internal audit. Surveys are available from the association's research department at 1129 20th St. NW, Suite 600, Washington, DC 20036.

"The point to drive home is that physicians can truly gather the same information the plans are gathering on their own," Toth added. "Physicians have to get their operations in order, eliminate redundancies and learn how to use computer systems efficiently. That all contributes to patient satisfaction and to delivering care in a way the plans want to see care delivered."

Some payers, however, consider their own surveys more believable and valid, said Bob Krypkel, a partner at Healthcare Management Consultants in Northbrook, an ISMS Consultant Referral Network participant. "The real issue is whether the data are credible or not. And if you do your own survey, how much can others rely on the evidence?"

Even though managed care plans have different perspectives about what consti-

tutes quality care, physicians must be prepared to provide data showing that their practice patterns comply with payers' standards, the consultants stressed. "While quality may seem a somewhat nebulous term when used to assess a physician's effectiveness, in managed care, quality care is appropriate and efficient care," Larrimer explained. "HMOs and other organizations are using sophisticated data and software to develop standards of care for certain diagnoses. They use these standards to assess your performance and compare it to national norms."

Payers typically examine raw claims data and diagnoses, Toth noted. Consequently, correct coding is essential, she said. "Doctors think coding is going to go away with managed care, but that's not true." In fact, many plans are determining the severity of patient illnesses based on the diagnostic codes physicians assign, she added. "Doctors must [choose] the diagnostic code to the highest level of specificity. If a patient presents with a migraine and a doctor codes a level-five office visit but uses a headache diagnosis code, the plan will 'down code' the doctor to the lower-level visit. That makes it look like the physician isn't managing as complex a population of patients [as he or she really is] and makes it hard to negotiate a higher capitation rate."

Most plans even publish their own report cards to document their quality of care and service, explained ISMS Consultant Referral Network participant Sandra Gill, of Physician Management Resources Inc. in Westmont. Many plans base those

assessments on the Health Plan Employer Data and Information Set 2.0 – integrated performance measures released in 1993 by the National Committee for Quality Assurance. The HEDIS assessment is considered the industry standard and covers various topic areas, including the delivery of preventive services such as childhood immunizations, mammograms, prenatal care and cholesterol screening. It also measures the percentage of board-certified physicians in the plan, the utilization of procedures including C-sections and cardiac catheterizations, the plan's financial health and its premium rates, according to the NCQA.

"If a company like General Motors is looking for a health plan for its employees, it wants to see how ABC Plan manages care," Toth said, explaining the reasons managed care report cards are becoming more popular. By using the NCQA's performance measures to evaluate their practice performance, physicians can identify their own strengths and weaknesses, she added. "You can give plans your data and use the same standards they do by using HEDIS." Doctors can obtain the HEDIS assessment by calling NCQA's publications department at (202) 628-5788, ext. 550.

TO ENSURE THAT PHYSICIANS are meeting the diverse demands of managed care, they must not only examine their practices but also promote them to payers. A proactive approach can make the difference between success and failure in managed care, Toth said. She cited the efforts of an orthopedic surgeon as an example of how

physicians can set themselves apart from competitors. "He put together a slide show with pictures of the office staff and the three physicians in the practice. He told where the doctors had been trained and what their specialties were. He also talked the plan executives through some of the basic procedures he performs."

The surgeon described arthroscopy and total hip and knee replacement surgeries to the plan personnel, who knew little about those procedures, Toth explained. The doctor's presentation also included patient success stories. "He brought in a patient who had been badly hurt in a work accident, talked [the executives] through the treatment and showed that the patient had returned to work fairly quickly and was happy."

In addition to providing information to plan representatives, physicians should also educate their patients about the limits of managed care coverage, Krypkel said. "Patients should know that just because there may be something wrong – a dermatological problem, for example – it doesn't mean they'll be readily referred to a specialist. [The situation] has to meet the managed care company's requirements, and if it doesn't, that's a limitation. Patients must understand such limitations aren't imposed by the doctor. Education takes time, but in the end, you have a happier patient population."

To access ISMS' Consultant Referral Service, members may call the action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. ■

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology (Non-Invasive)
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urgent Care
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Northern Illinois occupational and urgent care clinic seeks FP, EM or occupational physician for evening and/or weekend coverage. Also seeking full-time physician assistant; competitive salary and excellent benefits. Interested applicants should send CV to David Zweifler, Executive Director, Physicians Immediate Care, 3475 S. Alpine Road, Rockford, IL 61109; (815) 874-8000.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Pediatric consultant: The Illinois Bureau of Disability Determination Services is looking for pediatricians to work in Springfield on a contractual basis approximately 20-25 hours per week reviewing childhood disability claims filed for disability benefits from Social Security. You would be part of a contractual medical staff of 76, including seven other pediatricians. This will not involve patient care. If interested, please call William Schlosser at (217) 782-8226 or Edward Ference, MD, at (217) 782-4902.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Ob/Gyn, Champaign-Urbana: Women's Health Practice, a private Ob/Gyn practice, seeks BC/BE physician to replace a retiring partner. Women's Health Practice is dedicated to delivering excellence in a caring environment. Practice features include state-of-the-art office sonography, ambulatory surgery facilities and participation in clinical research trials. A clinical appointment to the University of Illinois medical school is available. A highly competitive income and benefits package, along with excellent call coverage. For further information about this excellent opportunity, call (800) 247-8893 (Illinois and Indiana) or (217) 356-3736. Direct inquiries to Jan Smith-Dedrick, administrator.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Emergency medicine opportunities, Midwest: Excellent long-term career options available in rustic and rural communities. Extensive experience in emergency or ambulatory adult/pediatric medicine. Certification in a primary specialty, ACLS required. For immediate consideration, please call the vice president of physician recruitment at (708) 654-0761 or fax your CV to (708) 654-9788.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Primary care specialists: Confidential assistance with career placements in the metropolitan Chicago area. Excellent opportunities in hospital, clinic and private practice settings. Please contact Diane Temple, VP Physician Recruitment, 440 E. Odgen, Hinsdale, IL 60521; (708) 654-0761; fax (708) 654-9788.

Primary care physicians and subspecialists are being sought for a variety of group practices located throughout the upper Midwest and New York state. Choose from metropolitan cities, college towns, popular resort communities or traditional rural destinations. This month, opportunities available for physicians specializing in family practice, internal medicine, pediatrics, occupational medicine, hematology/oncology and nephrology. New opportunities monthly! For all the facts, call (800) 243-4353 or write to Strelcheck & Associates, 10624 N. Port Washington Road, Mequon, WI 53092.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740 or fax (309) 685-1997.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Janesville, Wis. - urgent care: Riverview Clinic, division of Dean Medical Center, is actively recruiting an urgent care physician to join its medical staff. Currently there are two physicians at the clinic from 9 a.m. to 9 p.m. Monday through Friday and 9 a.m. to 11:30 a.m. on Saturday, and the clinic desires to expand the hours of operation until 9 p.m. on Saturday and from 1 p.m. to 9 p.m. on Sunday. The facility is well-equipped with eight exam rooms, lab and X-ray. Flexible hours are available with an expected total of 30-40 hours per week. Excellent compensation/benefits provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Lancaster, Wis.: Grant Community Clinic, affiliated clinic of Dean Medical Center, is actively recruiting one board-eligible/board-certified family physician. Its current staff consists of three family physicians and one general surgeon. The group also has two physician assistants on staff. Each physician is at the clinic six hours a day, four days per week, seeing between 20 and 25 patients daily. A minimum \$110,000 guaranteed salary plus incentive is provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Madison, Wis. - urgent care: Dean Medical Center, a 300-plus-physician multispecialty group, is seeking a full-time physician to assist in staffing our two urgent care centers. Qualified applicants should be BE/BC in family practice, emergency medicine or internal medicine with experience in pediatrics. Dean Medical Center operates two urgent care centers 365 days per year from 7 a.m. to 10 p.m. All physicians employed at the urgent care centers are paid on an hourly basis, and full-time physicians are eligible to buy into the corporation after two years of employment. Excellent compensation and benefits. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Madison, Wis.: Dean Medical Center, a 300-physician multispecialty group, is seeking additional family physicians to join its 30-member department. Positions are located at our Arcand Park, East Madison and Deerfield clinic locations. All positions have an excellent call schedule. Madison is the home of the University of Wisconsin, with enrollment of more than 40,000 students, and the state capital. Abundant cultural and recreational opportunities are available year-round. Excellent compensation and benefits are provided. Contact Scott Lindblom, Dean Business Office, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151. An equal opportunity employer.

Thriving family practice, immediately available: Princeton. Due to the sudden death of a well-loved, community-minded family physician, an active family practice in a brand-new office setting is available to the right candidate - now! Enjoyable and enriching professional environment for BC or BP family practitioner. Respond to Don Evans, 530 Park Ave. East, Princeton, IL 61356; (815) 875-2811, ext. 2251; fax (815) 875-8804. Video available.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFI, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Beaver Dam, Wis.: Medical Associates of Beaver Dam is actively recruiting a BE/BC family physician to join its staff of six family physicians. Call is shared equally, and all hospital admissions are at our local 100-bed hospital. Beaver Dam is a safe, family-oriented community of 15,000 located 45 minutes north of Madison, with excellent schools and four-season recreational opportunities. Excellent compensation and benefits are provided. For more information, please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966, (608) 259-5151; fax (608) 259-5294; or home phone, (608) 833-7985.

Janesville, Wis.: Dean Medical Center, a 300-physician multispecialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wis. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family-oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send CV to Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547; or call (608) 755-3500. An equal opportunity employer.

Physician wanted: Community Care for the Elderly is looking for a board-certified internist or family practitioner with an interest in the care of the elderly. The position offers an opportunity to care for the frail elderly of the community in an adult health care center and clinic. An understanding of the elderly and the ability to work with a multidisciplinary team is needed. The positions available are for part-time and full-time practice. Interested individuals should contact Mary Gavinski, MD, Medical Director, Community Care for the Elderly, 5228 W. Fond du Lac Ave., Milwaukee, WI 53216; (414) 536-2110, ext. 254.

Physician Search Ltd. exclusively provides practice placement within the metropolitan Chicago area to board-certified primary care specialists. For immediate consideration, please call or fax your CV to Diane Temple, (708) 654-0761, fax (708) 654-9788; 440 E. Ogden Ave., Hinsdale, IL 60521.

Looking for physicians to join innovative medical practice. Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: gerontology, family medicine, internal medicine and surgery. Positions are available full time and part time. Competitive salary. Please mail CV to Scott Schneider, Home Physicians Inc., 1735 N. Ashland, Suite 301, Chicago, IL 60622; phone (312) 235-2061 or fax (312) 235-2062.

Hospice: Part-time hospice physician available with Rainbow Hospice Inc. of Park Ridge. Rainbow serves the northwest side of Chicago and the northwest suburbs. The program is affiliated with Holy Family Hospital, Lutheran General Hospital and Resurrection and Our Lady of the Resurrection medical centers. Hours are flexible and hospice experience preferred. Send CV to C. Minarik, 1550 N. Northwest Highway, Park Ridge, IL 60068-1427.

Staff physician, student health center, University of Illinois. McKinley Health Center, a JCAHO-accredited, student-oriented ambulatory care facility, is seeking primary health care physicians. Appointments are full-time, 12 months, academic/professional, with comprehensive benefit package and competitive salary. Illinois medical licensure required. Board certification/eligibility preferred. Complete position notice/information available from Lucille Isdale, PhD, Director, McKinley Health Center, 1109 S. Lincoln Ave., Urbana, IL 61801; (217) 333-2711. This search will remain open until positions are filled. The University of Illinois is an AA/EEO.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 296-9999. The coffee's bad, but the experience is heartwarming.

UI-trained primary care MD wants to rent/share office space in Chicago area. Page (708) 817-5636.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Short-funded retired radiologist, ABR certified, licensed in Illinois, seeks Illinois nuclear medicine and/or radiation oncology position. In radiological practice from 1952-86. Phone James E. Turner, MD, (708) 584-0986.

Experienced internist, BE endocrinology, bilingual (Polish), seeks primary care/internal medicine position in underserved area for J-1 visa waiver. Available July 1995. Please send replies to Box 2274, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Jamalca villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week, winter season; \$365 off-season. (608) 231-1003.

Professional office building in Homewood: 1,344-square-foot medical office suites with storage, private bath, water, excellent parking; walk to Illinois Central Metra train for access to downtown Chicago. Can be divided. Call E. Walsh, (708) 799-4323. Available immediately.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

New medical center: Excellent location in northwest Chicago. Will do a build-out up to 14,000 square feet. High patient traffic area with a big food-chain store across the street. We will accept a limited number of physicians as tenants or as partners in the health center. Call Severko Hrywnak, DPM, (312) 685-8400.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Michigan Avenue medical space available. Medical practice seeking subtenant two days per week. Located near Northwestern Hospital on North Michigan Avenue. Excellent parking, complete facilities, prestigious location. Call George B. Close, business manager, (708) 619-2090, ext. 14.

Miscellaneous

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements - \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

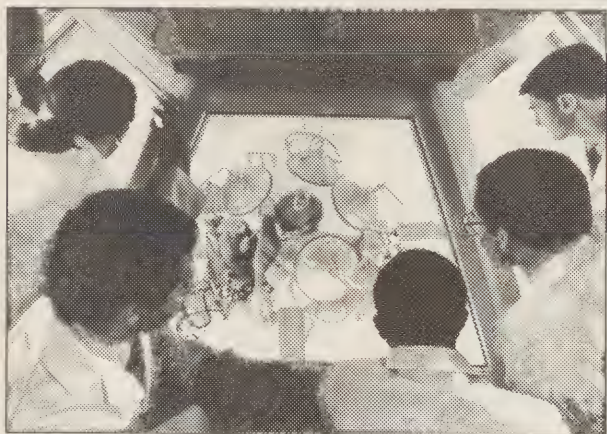
Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

Internal medicine office looking for practice management software, inexpensive. Call (618) 236-1868.

AN ARMY SCHOLARSHIP COULD HELP YOU THROUGH MEDICAL SCHOOL



The U.S. Army Health Professions Scholarship Program offers a unique opportunity for financial support to medical or osteopathy students. Financial support includes tuition, books, and other expenses required in a particular course.

For information concerning eligibility, pay, service obligation and application procedure, contact the Army Medical Department Personnel Counselor:

Call Collect Cpt. Paul Wuerdeman
(708) 541-3411

ARMY MEDICINE. BE ALL YOU CAN BE.®

Caps bill analysis

(Continued from page 1)

send a clear message to lawmakers that groups including physicians, manufacturers, the Girl Scouts, Little League baseball, foster care programs, small suburban businesses and farmers should not have to continue facing uncertainty because of increasing insurance costs and liability threats.

The issue was first addressed in the state Capitol this year on Feb. 7 during a Civil Justice League press conference. The Judiciary and Executive committees in the House of Representatives held hearings on caps and other tort reforms at which league members testified, dispelling the myths perpetrated by the plaintiff bar. On Feb. 8, the Executive Committee voted unanimously to approve a \$500,000 cap, sending it to the House floor for consideration. House sponsors of H.B. 20 were Speaker Lee Daniels (R-Addison), Deputy Majority Leader Tom Ryder (R-Jerseyville), Majority Leader Robert Churchill (R-Antioch), and Reps. Tom Cross (R-Yorkville), Judy Biggert (R-Westmont), Brent Hassert (R-Lemont) and Ron Stephens (R-O'Fallon).

During lengthy floor debate in the House, Cross supported the measure and rebutted the arguments of anti-caps legislators. "House Bill 20 attempts to reform the civil justice system by bringing fairness, equity and balance into the way we litigate claims alleging injury," Cross told the House members. "It's time that Illinois addressed the problems that we have with our civil justice system." For example, juries dealing with cases of similar if not identical injuries have awarded varying amounts of noneconomic damages, which are often based on emotional pleas. As a result, "we have a system in which defendants in particular and the populous in general have lost faith that our civil court system is a reasonable method for resolving people's differences."

Several legislators rose to speak against H.B. 20, including Reps. Jan Schakowsky (D-Evanston), Louis Lang (D-Skokie), Jay Hoffman (D-Collinsville), Doug Scott (D-Rockford), Kurt

Granberg (D-Carlyle) and Monique Davis (D-Chicago). They argued that the bill was unfair and inequitable. "This is about big business, this is about big medicine, this is about big money, and everybody here should know it," said Hoffman. He cited the Ford Pinto case, in which car owners died because their gas tanks exploded. And he said that airplanes must comply with certain state and federal standards, but if an "airplane fell from the sky killing 300 people, there would be a presumption against liability in that case" under H.B. 20. In response, Cross said, "It's a rebuttable presumption."

Also speaking against the bill, Schakowsky used an example of a patient who wants to file a lawsuit against a doctor because of damage to her kidney. If H.B. 20 passed, the woman would have to sign a consent form making her entire medical record available to the defense, Schakowsky said. "She has to sign away her right to privacy, as I understand it." But H.B. 20 applies only to medical records that are relevant to the pending or proposed lawsuit, Cross stressed. "If they are not relevant, then they will not be used in the case."

Lang, a long-standing caps opponent, asked Cross if proof existed that health care costs would decrease because of the legislation. Cross responded that in California, where a similar tort reform measure already exists, health care costs have remained stable.

Although several Democratic House members claimed H.B. 20 would harm injured citizens, Rep. Terry Parke (R-Schaumburg) responded: "The general public wants this tort reform. They want it every time they have to pay higher prices for products. They want it every time they have to pay higher costs for insurance. And they want it every time they have to pay higher costs for services because of the threat of liability and lawsuits."

Following debate, the House passed the bill 63-52, with one member, Rep. Al Salvi (R-Wauconda), voting present. H.B. 20 was then sent to the Senate, where it was further scrutinized.

On March 1, the Senate Judiciary Committee held a hearing on the bill. Before voting for the bill in committee,

Sen. Ed Petka (R-Plainfield) said the legal profession must improve its image. "We have a very, very major problem in our profession, and we've been assured that a new day will arrive with these new tort reform measures." Senate bill sponsors were Senate President Pate Philip (R-Wood Dale) and Sens. Kirk Dillard (R-Downers Grove), Peter Fitzgerald (R-Palatine), David Barkhausen (R-Lake Bluff), Martin Butler (R-Des Plaines) and Dan Cronin (R-Elmhurst). The committee passed H.B. 20 by a vote of 7-3.

Our function is to balance the interests of injured victims with those of consumers and taxpayers. We, the sponsors of this bill, are firmly convinced we have done a fair job.

Two days later, H.B. 20 was debated on the Senate floor for nearly three hours. Testimony opposing the bill was less emotional than during House debate, with many senators reading prepared remarks into the record, setting the stage for a potential court challenge to the legislation.

Sen. Tom Dunn (D-Joliet) contended that H.B. 20 gives criminals, not victims, the right to trial by jury. "This represents a dastardly, cynical and politically driven, unconstitutional assault on the judicial branch of the state." Saying the bill violates the U.S. and Illinois constitutions in several ways, he laboriously listed the specific articles and sections he claimed would be violated. Dunn then read into the record a long list of court cases, including the Petrillo case, that had set precedents in the areas of law addressed in H.B. 20 and that would be modified by the legislation.

Calling H.B. 20 special legislation, Sen. John Cullerton (D-Chicago) said a

\$500,000 cap for noneconomic damages in medical malpractice suits is unjust. Noneconomic damages are no less important than economic losses, he added. The bill allows "full compensation for loss of ability to work but limits compensation for loss of ability to walk." In addition, Cullerton claimed the bill violates equal protection laws and impinges on individuals' rights to open court and a trial by jury.

"[The cap] implies that 12 citizens are not as smart as the politicians," said Sen. Margaret Smith (D-Chicago).

After 16 Democratic Senators spoke against the measure, Fitzgerald rose to rebut their arguments, calling their tactics a "shotgun approach to this bill." H.B. 20 supporters do have faith in the jury system, he said. "They do a good job in individual cases. [However], juries do not look at the systemic effect of their decisions. That is our role in the legislature, and that is why we're imposing a cap."

A cap on noneconomic damage awards set at \$500,000 and indexed to inflation recognizes that such awards are real but that they "do not have a monetary dimension," Fitzgerald added.

Calling himself a longtime frustrated advocate of tort reform, Barkhausen said: "Our function [as legislators] is to balance the interests of injured victims with those of consumers and taxpayers. We, the sponsors of this bill, are firmly convinced we have done a fair job."

In closing testimony before the floor vote, Dillard clarified the provisions that modify the Petrillo doctrine and the release of patient records. "Physician-patient privilege is statutory. [It's] not a common-law concern. We can change it. All we're doing [in H.B. 20] is changing the procedure, not the substance of what they're revealing."

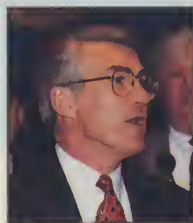
"As responsible legislators, [we're responsible] to address problems in our state before they reach crisis level," he continued. Public opinion polls have shown that Illinoisans have little or no confidence in the civil justice system. The reforms in H.B. 20 are preventive as well as corrective, Dillard concluded.

The Senate voted 36-20 to pass the measure and sent it to Edgar's desk. The governor signed it into law March 9. ■

Stops on the fast track to caps



JAN. 12 – During his state of the state address, Gov. Jim Edgar calls on the General Assembly to place tort reform on a fast track.



Edgar

JAN. 16 – ISMS members rebut anti-cap arguments at a press conference at the office of U.S. Rep. Luis Gutierrez (D-Chicago).

JAN. 18 – The Illinois Civil Justice League holds a Chicago news conference supporting caps, at which ISMS President Alan M. Roman, MD, and league president Ed Murnane speak.



Dr. Roman

JAN. 28 – The ISMS Board of Trustees agrees to ask the General Assembly to enact a cap of \$500,000, indexed to inflation.

JAN. 30 – Republican lawmakers, including H.B. 20 sponsors House Speaker Lee Daniels (R-Addison) and Sen. Peter Fitzgerald (R-Palatine), promote caps at the Chicago Bar Association annual legislative luncheon.

FEB. 7 – The Civil Justice League holds a news conference at the state Capitol. Speakers include Fitzgerald, Dr. Roman and Murnane.



Murnane

FEB. 8 – The House Executive Committee supports tort reform, including caps. Murnane and Dr. Roman testify.

FEB. 16 – H.B. 20 passes the full House of Representatives by a vote of 63-52.

MARCH 1 – H.B. 20 passes the Senate Judiciary Committee by a vote of 7-3.

MARCH 3 – H.B. 20 passes the full Senate 36-20.

MARCH 9 – Edgar signs the bill into law.





A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



New law

(Continued from page 1)

leged or confidential medical information related to the condition at issue, ... the waiver is necessarily limited to formal methods of discovery to protect the sanctity of the physician-patient relationship."

Although the Petrillo decision was intended to protect patient-physician confidentiality, the precedent was ultimately used to hold various activities unlawful, Morse said. "Hospital employees weren't allowed to talk to their hospital's risk management people, for example. The decision started as a shield to protect patient confidences, but it was turned around and used as a sword by the plaintiff's bar to control the flow of information to the defense – even though there was a need to bring that information forth to prove the extent of injury."

"H.B. 20 is not invading the doctor-patient relationship, because we're not getting anything we wouldn't have gotten anyway," said Gary Peplow, managing partner at the Peoria law firm Heyl, Royster, Voelker & Allen. "We're just getting it without the expense and the time delays imposed by the result of the Petrillo decision."

Petrillo was "bad law" because it allowed plaintiffs' attorneys to engage in off-the-record ex parte communication with treating physicians but forced defense attorneys to obtain information only through depositions, said E. Michael Kelly, a defense attorney in Hinshaw & Culbertson's Chicago office. "Subsequent cases that adopted Petrillo-like thinking went beyond bad. There were cases in which defense attorneys were responsible for [defending] actions of health care providers, but [they] were unable to talk to those health care providers. The Petrillo doctrine was not being used as a safeguard but as a weapon."

Even asking a physician who had received a subpoena to copy records and

send them instead of presenting them during a scheduled deposition was determined to violate Petrillo, explained Jeff Glass, an attorney with Hinshaw & Culbertson in Belleville. "The defense was not allowed to present testimony from the caregiver or to use the records to present testimony from anyone else. It was like barring key evidence."

"In cases of questionable merit, the plaintiff attorney would often do everything possible to keep us from getting the records quickly, because once we got the records, we'd begin discovering the questionable merit," Peplow said.

The new legislation "gets rid of the very artificial barrier against information

gathering and takes away the very unfair advantage [previously] granted the plaintiff," Kelly said.

"The defense can give a copy of the complaint, the records and any other information that pertains to the case to the subsequent treater as a result of H.B. 20," Glass said. He noted, however, that the bill does not mandate physicians to share information. "The release must authorize the provider to talk to the defendant, the defendant's attorney or other representative. It doesn't require, it just authorizes."

The effect, if any, of H.B. 20 on cases that were filed before the legislation was enacted is unclear, Glass noted. "Theoretically, we may be faced with having

two sets of rules. If a suit was filed [before the new law], existing case law on Petrillo would apply and [the defense] couldn't talk to doctors or get plaintiff's medical records." Physicians can be sure a case was filed under the new law if they were presented with a formal, all-encompassing release that says they can talk to defense attorneys or review defense materials, he said.

"If in doubt, ask the attorney if the reform applies to the situation. If he or she says yes, it's OK to communicate," Glass said. "It's up to the defense counsel to know if the law applies. The sanction will fall on the defense – not the treating physician." ■



**"I'm glad
I was
covered by
the PBT
Long Term
Disability
Plan!"**

**("And I'm glad
I had a hand in
its design.")**

**"With the PBT Long Term Disability
Plan, I didn't have to worry..."**

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



**PBT Physicians'
Benefits Trust**

sponsored by Chicago Medical Society & Illinois State Medical Society

**Individual & Group Health Care • Long Term
Disability • Term Life • Other Benefit Plans**

PBT Benefit Mini-Briefing

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

Edgar signs H.B. 20

(Continued from page 1)

the local level, [and] all the manufacturers leaving the state of Illinois, you recognize the importance of this bill," said Rep. Tom Cross (R-Yorkville), a House sponsor of the bill. The law creates public policy that provides balance and guidelines to the present court system and sets parameters for working within that system, he added.

Senate sponsor Sen. Kirk Dillard (R-Downers Grove) said H.B. 20 brings fairness, predictability and consistency to the system. In addition, it will alleviate the hidden tort tax, which most Illinoisans don't realize exists and costs them nearly \$1,200 each, he said. "This is more than we spend on education, recreation, income support and natural resources in the state of Illinois."

"We know this bill is going to provide relief – maybe not overnight – but it is going to provide relief," said Ed Mur-nane, president of the Illinois Civil Justice League.

As the governor signed the bill, a suit was filed contending that the new law violates the state constitution. The challenge came from Curt Rodin, president of the Illinois Trial Lawyers Association; William Harte, chairman of ITLA's Supreme Court Appeal Committee; and Todd Smith, a plaintiff attorney, on behalf of five plaintiffs. Watch Illinois Medicine for updates. ■

“Being a doctor used to only be about helping **patients**. Now it’s about national, state and courtroom issues too. I depend on ISMIE to be my voice. They know the **legal** system as well as they know medicine.”



Insurers come. And unfortunately, insurers go. But since 1976, one company has remained dedicated to serving the physicians of Illinois. The Illinois State Medical Inter-Insurance Exchange. Naturally, we work with attorneys who specialize in Illinois medical malpractice law. But we also work with the Illinois State Medical Society to pursue tort reform, like caps on non-economic damages. And other issues that will improve the liability climate for doctors statewide. So trust your coverage to the most venerable, physician-owned insurer in Illinois.

Over 10,000 of your colleagues do. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

04/26/95

New law
addresses
physician
participation in
executions

PAGE 2

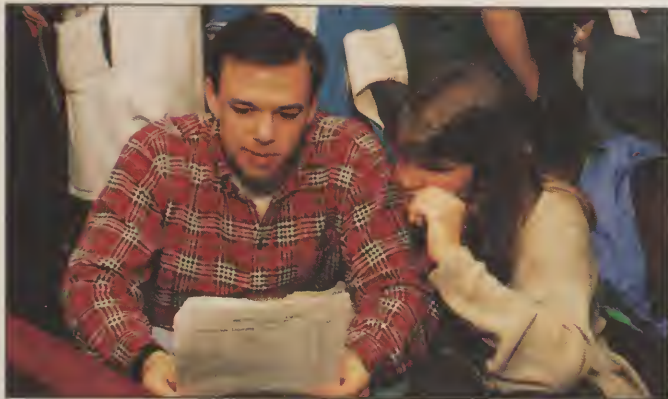
Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • APRIL 7 1995



Physicians
push tort
reform over
the top

PAGE 8



Bill Daniels/The Photo Partners

MEDICAL STUDENTS Brett Vassalo and Rachel Hogan of the University of Chicago Pritzker School of Medicine scan results of the National Residency Match to see which residency program they will enter.

H.B. 20 tightens expert witness qualifications

LEGAL ISSUES: Defense attorneys say court cases support provisions in Illinois' new tort reform law. BY MARY NOLAN

[CHICAGO] Attorneys who defend physicians against medical malpractice lawsuits support H.B. 20 provisions that strengthen the requirements for expert witness testimony. H.B. 20, the comprehensive tort reform bill prompted by ISMS and the Illinois Civil Justice League, was signed into law March 9.

Specifically, the law states that expert witnesses must spend at least 75 percent of their time practicing, teaching or conducting university-based research. Expert witnesses must also be board-certified or board-eligible

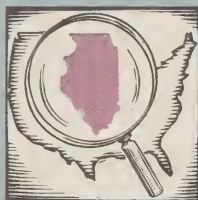
SERIES

in the same medical specialty as the defendant physician or have experience or certification in the medical problem or type of treatment at issue in the case. In addition, physicians who wish to serve as expert witnesses must hold a current medical license in one of the 50 states or the District of Columbia. The latter qualification will "eliminate the possibility of plaintiffs bringing in testifiers from other countries," said ISMS General Counsel Saul Morse. That situation has occurred, Morse noted.

Another important provision
(Continued on page 13)

INSIDE

General Assembly
considers full
agenda of health
care bills



PAGE 3

Group seeks
donations of
medical supplies

PAGE 2

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update7

Classifieds11

Federal tort reform bill passes House

CAPS: A measure moving through Congress includes a \$250,000 limit on noneconomic damage awards. BY MARY NOLAN

[WASHINGTON] On March 9, the U.S. House of Representatives voted 247-171 to pass a \$250,000 cap on noneconomic damage awards in medical malpractice cases. The cap was amended onto federal tort reform legislation. The Illinois delegation voted mostly along party lines except for U.S. Rep. Michael Flanagan (R-Chicago), who voted against the amendment, and U.S. Rep. Glenn Poshard (D-Marion), who voted for it. U.S. Rep. Jerry Weller (R-Joliet) abstained.

The House adopted the entire bill, H.R. 956, March 10. The bill was supported by ISMS and the AMA and now awaits consideration by the Senate, where its passage is more uncertain because of competition from other newly drafted tort reform bills. President Clinton has consistently threatened to veto the measure.

Sponsored by U.S. Reps. Chris Cox (R-Calif.) and Peter Geren (D-Texas), the caps amendment would apply to noneconomic losses, such as pain and suffering and emotional distress, according to information from Cox's office. Those damages would be in addition to the actual or punitive damages, for which claimants could be fully awarded, the information said.

"This amendment will put an end to the outrageous deep-pockets lawsuits brought by contingent-fee personal injury lawyers hoping to extort settlements from people who may have almost nothing at all to do with an accident," Cox said. Too often, innocent parties are forced

into settlements, fearing they will have to pay someone else's share of damages. "[This legislation] is a giant step toward making health care more accessible for the poor and disadvantaged,"

Cox told House members during floor debate. He cited California's successful tort reform law, which reportedly reduced

insurance costs by 20 percent.

The AMA applauded the amendment. "This is a giant leap forward," said AMA President Robert McAfee, MD. "This is only Act I; Act II begins in the Senate, where a stronger opposition is expected by trial lawyers."

The AMA launched an aggressive advertising campaign to support caps. The campaign focused on Maureen O'Regan, MD, an Ob/Gyn who practices in Virginia, where noneconomic awards are limited, but cannot afford to practice across the Potomac in Washington, D.C., because awards are not limited there and malpractice insurance is prohibitive. The campaign also included grassroots efforts, through which the AMA urged physicians and the public to contact their legislators about the need for a cap.

ISMS was pleased to learn that the U.S. House of Representatives voted to adopt the Cox-Geren amendment, said ISMS Board Chairman Ronald G.

(Continued on page 14)



Hyde

House of Delegates to consider new policies

PREVIEW: Physician delegates statewide have submitted resolutions for debate at the 1995 ISMS Annual Meeting. BY KATHLEEN FUIRORE

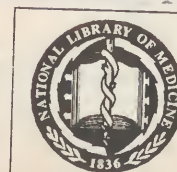
[CHICAGO] Managed care and public health issues are among the topics the ISMS House of Delegates will debate during the Society's Annual Meeting April 21-23 at the Oak Brook Hills Hotel, 3500 Midwest Road in Oak Brook. By the March 22 deadline, 86 resolutions had been submitted by delegates and voting members of the House based on input from grassroots members. The resolutions will be discussed in reference committees before being called for debate and a vote on the House floor.

Among the managed care topics delegates will

discuss are credentialing, due process protection for physicians, insurance requirements, direct access to specialists, patient freedom of choice and ISMS development of a management services organization.

One resolution requests that ISMS work to achieve acceptance of a universal credentialing form by all managed care organizations. Another recommends that the Society support legislation to assure due process and a fair hearing procedure for physicians who are excluded or terminated.

(Continued on page 13)



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE



Matt Ferguson

DINERS ENJOY a heart-healthy Italian feast at Maggiano's Little Italy in Oak Brook. Sponsored by Elmhurst Memorial Hospital, the dinner program was designed to show that food low in fat and cholesterol can taste good.

New law addresses physician participation in executions

CRIME BILL: Licensed physicians involved in state executions are exempt from disciplinary action. BY MARY NOLAN

[SPRINGFIELD] On March 21, one day before Illinois held its first state-ordered double execution since 1952, Gov. Jim Edgar signed H.B. 204, a comprehensive crime bill that includes a provision exempting licensed physicians from disciplinary action if they participate in state executions.

Without H.B. 204, "we could have almost guaranteed [court] challenges to these two executions," said Michael Spivak, a lawyer with the Illinois attorney general's office. Spivak testified at a March 9 Senate Judiciary Committee hearing on the bill at which two ISMS-prompted amendments were defeated. One would have deleted objectionable provisions. The second mirrored S.B. 652, which is sponsored by Sen. Arthur Berman (D-Chicago) and seeks to prevent physicians from pronouncing the death of an executed inmate. It would have incorporated ISMS House of Delegates policy prohibiting physician participation in executions and eliminating the state's existing secrecy provision, which protects the identity of physicians who choose to participate.

"We believe that it is both unethical and unprofessional for physicians to participate in state-ordered executions," said ISMS President Alan M. Roman, MD. ISMS policy states that physicians should not participate in a legally authorized execution but may provide support and solace to prisoners. It also says that active physician participation in an execution is a violation of the ethical standards of medicine.

Specifically, H.B. 204 states that physicians who participate in executions are not violating the Illinois Medical Practice Act, said Susan Weidel, chief legal counsel for the Illinois Department of Corrections. "We thought [state law] was crystal clear until a lawsuit was filed by physicians who claimed that participation was a violation of the act," Weidel said. The bill reaffirms the department's earlier contention that such participation does not violate the act and allows the identity of physicians involved in executions to remain confidential, she added. "We think [H.B. 204] provides the protection that physicians need in Illinois."

The impetus for H.B. 204 was the attorney general's concern that if doctors were not involved in state executions, Illinois' execution statute would

be challenged, which could prevent or delay the execution process, Spivak said. Some people view the absence of a physician at an execution as a form of cruel and unusual punishment, he added. "We were [also] concerned that the identity of doctors participating in executions remain secret." No other state prohibits physician participation in executions, he noted.

Since H.B. 204 passed the General Assembly March 15, amendments were introduced to two other bills – S.B. 652 and H.B. 608. S.B. 652 is pending in the Senate Judiciary Committee. Committee members who support the death penalty may have been concerned that passage of the bill would have postponed the double execution on March 22, according to an ISMS analyst.

H.B. 608, sponsored by Rep. Al Salvi (R-Wauconda), would ban physicians from participating in executions and would allow prison wardens to obtain and use the necessary drugs to carry out executions. H.B. 608 was not called in the House Judiciary/Criminal Committee because the chairman, Rep. Tom Johnson (R-West Chicago), opposed it. ■

Group seeks donations of medical supplies

[CHICAGO] Sending medical supplies to Senegal is the first project launched by the Illinois Partners for Global Health, a new coalition of seven Chicago-area organizations, including ISMS, organized by the AMA. The coalition is asking physicians and hospitals to donate materials to be shipped to Dakar to coincide with the Fourth Annual U.S./African Sister Cities Conference June 19-26, said Martha Atherton, state coordinator for coalition member Sister Cities International.

"For this first trip, we'll need things that are lighter weight and higher value because we're traveling by air," Atherton said. Especially needed are emergency room supplies and medicines that are not outdated, she noted. However, the coalition will accept and store supplies, including heavy medical and office equipment, for future shipments to other

needy countries, she added.

The AMA began discussing the project late last spring, according to AMA Executive Vice President James Todd, MD. "Previously, hospitals and organizations like Sister Cities had been operating on their own [to provide health assistance to developing countries]. The AMA had the idea of getting the groups together. We thought, Why not coordinate the effort?" an AMA spokesperson said. The coalition and its program are also intended to be used as a model for other states, she added.

In addition to ISMS, Sister Cities and the AMA, coalition participants are Alexian Brothers Medical Center, the Illinois Hospital & HealthSystems Association, International Aid Inc. and the Metropolitan Chicago Healthcare Council. Gov. Jim Edgar serves as an honorary co-chairman of the program.

Physicians interested in making a tax-deductible donation may contact Atherton at (708) 298-8600. ■

Illinois AIDS cases climb

[CHICAGO] More than 3,000 new AIDS cases were reported in Illinois in 1994, bringing the total since 1981 to 14,299 cases, according to the Illinois Department of Public Health. The new figures rank Illinois sixth in the United States. In addition, HIV-related illnesses were the second leading killer of 25-to-44-year-old Illinoisans in 1993, the most recent year for which complete death statistics were available. Nationwide, HIV-related illnesses are the No. 1 cause of death among 25-to-44-year-olds, according to the Centers for Disease Control and Prevention.

AIDS statistics for Chicago showed a record high of more than 2,000 cases reported in 1994, according to the Chicago Department of Health. More than 1,000 Chicagoans died of AIDS-related illnesses last year, the most ever reported in a single year. Overall, an estimated 21,000 Chicagoans are HIV-infected.

"The AIDS epidemic in Chicago is continuing to grow. These numbers indicate painfully awful landmarks," said Steven Whitman, director of epi-

demiology for CDOH. The risk of contracting the virus is increasing fastest among women and minorities, with more individuals becoming infected through intravenous drug use and heterosexual sex. Women accounted for 15 percent of Chicago's reported AIDS cases in 1993, up from 9 percent in 1989. AIDS cases in the city's African-American population rose from 41 percent of reported cases in 1989 to 56 percent in 1993, Whitman said.

There are several ways physicians can help curb the spread of the disease, he said. "The statistics call for greater attention to prevention efforts. Physicians seeing patients who are sexually active and not absolutely monogamous should counsel them about safe sex. Also, if someone is injecting drugs, doctors should try to place them in a drug treatment program."

Physicians should also ensure that patients diagnosed with tuberculosis and AIDS receive appropriate treatment, Whitman noted. "Tuberculosis is on the rise. And a dual diagnosis of TB and AIDS is a very, very serious health problem."

In addition, doctors should counsel at-risk female patients about testing for HIV infection, said IDPH Director John Lumpkin, MD. "With the number of cases among women continuing to rise, it is imperative that we reinforce the need to educate women to protect themselves and, if they are considering having a child, to protect their baby." New scientific studies have shown that drug treatment of a pregnant, HIV-infected woman can reduce the risk of transmitting the virus to the baby, Dr. Lumpkin said. ■

PHYSICIAN FACTS

Number of new lawsuits filed in Cook County in anticipation of tort reform legislation

Monday Feb. 27	Tuesday Feb. 28	Wednesday March 1	Thursday March 2	Friday March 3
377	579	619	568	472
Jan. 1-March 1, 1994 2,480 cases filed			Jan. 1-March 1, 1995 5,453 cases filed	

Source: Office of the Circuit Court Clerk of Cook County

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-15MS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

General Assembly considers full agenda of health care bills

By Mary Nolan

Increased physician licensing fees

After ISMS' strong lobbying against a bill aimed at increasing physician license and renewal fees from \$300 to \$500, S.B. 693 failed by a vote of 7-3 in the Insurance, Pensions and Licensed Activities Committee on March 23. The bill was prompted by the Coalition for Consumer Rights, a self-appointed consumer group that is backed by plaintiff attorneys and opposes tort reform. The group is also a vocal critic of the Illinois Department of Professional Regulation.

Sponsored by Sen. Donne Trotter (D-Chicago), the measure would have also required physicians to submit all disciplinary records to IDPR before obtaining or renewing a license. In addition, the bill would have granted voting privileges to two laypeople on the state's nine-member Medical Disciplinary Board. The number of voting members necessary for a board quorum would have been increased from four to five.

Guaranty Fund Certificates

By a vote of 114-0, the Illinois House on March 22 passed an ISMS-prompted measure that allows the funds from unredeemed ISMIE Guaranty Fund Certificates to be donated to free medical clinics instead of being turned over to the state treasury. H.B. 1876 is sponsored by Rep. Dave Winters (R-Rockford) and Sen. Dave Syverson (R-Rockford).

When the Illinois Department of Insurance determined that ISMIE's surplus was sufficient, the GFC funds originally used to form the insurance company were no longer necessary. The money from most of those GFCs was returned to the physician investors who could be located, Winters said. However, some 400 certificates are still unredeemed, he noted. (A list of the holders of those unredeemed certificates is inserted between pages 12 and 13 in this issue.) H.B. 1876 allows for the money from those certificates to be placed in a separate fund for free clinics, Winters noted.

Parental notification

Under a parental notification bill sent to the House floor March 16, physicians would be required to inform an adult family member if a girl under 18 sought an abortion. H.B. 955 defines an adult family member as a "person over 21 years of age who is the parent, grandparent, stepparent living in the household or legal guardian."

Sponsored by Rep. Larry Wennlund (R-New Lenox), the measure calls for physicians to notify an appropriate family member 48 hours before the abortion occurs. The bill allows a notification waiver to be granted if the girl submits a signed notice from a family member or in cases of a medical emergency. Waivers would also be granted if the girl signs a notice declaring she is a victim of neglect or sexual or physical abuse by an adult family member, according to the legislation.

Physicians who willfully and knowingly perform an abortion without the required notification would be subject to fines levied by IDPR's Medical Disciplinary Board of \$1,000 for the first

offense and \$5,000 for subsequent violations. ISMS has no position on the bill.

The Senate passed S.B. 836, sponsored by Sen. Kirk Dillard (R-Downers Grove), on March 24 by a vote of 35-12, with four not voting. The bill differs from H.B. 955 because it permits the attorney general or the state's attorney to take action against physicians in court and calls for fines of \$1,000 for the first

offense and \$5,000 for subsequent offenses. It is also more limiting, requiring parents or legal guardians to be notified. ISMS opposes the penalty provisions in the measure.

S.B. 1100, sponsored by Sen. Edward Petka (R-Plainfield), also passed the Senate. The bill includes criminal penalties for physicians who fail to obtain parental consent. ISMS also opposes the penalty provisions in this bill.

Licensure of midwives

Legislation aimed at granting lay midwives the authority to practice in Illinois failed in the House Registration and Regulations Committee. Sponsored by Rep.

Mary Flowers (D-Chicago), H.B. 518 outlined the educational and clinical experience midwives need in order to be licensed. The bill also called for a nine-member advisory committee composed of at least one licensed physician certified in obstetrics and gynecology and one certified nurse. Similar measures have been introduced in the General Assembly for several years. ISMS opposed the bill. The Society believes that only licensed nurses who receive additional training and meet specified standards of the American College of Obstetricians and Gynecologists may treat patients under the supervision of physicians.

(Continued on page 14)



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B

PSYCHOLOGICAL SERVICES IN NURSING HOMES

The following letter has been sent to all administrators of all nursing homes in Illinois, and was published in the March 1995 issue of the Illinois Medicare B Bulletin. It describes one of the major areas of over utilization of medical services in nursing facilities.

Dear Nursing Home Administrator:

As the Medicare carrier in Illinois, we have found that many claims are being submitted to Medicare for unreasonable and unnecessary psychological services rendered to beneficiaries in nursing homes. Through this letter, we are alerting all nursing homes in Illinois to this problem, and asking them for their assistance in correcting it.

Section 1862 (a)(1)(A) of the Social Security Act allows Medicare to cover only those services that are "reasonable and necessary for the diagnosis and treatment of an illness or injury or to improve the functioning of a malformed body member." This carrier will not deny payment for covered medical services needed by nursing home residents. However, it must take all steps required to stop abusive or fraudulent billing for services not medically necessary.

This carrier has identified considerable medically-unjustifiable psychological and neuropsychological testing in nursing homes. First, routine, screening, and periodic testing are neither required nor covered by Medicare. Second, any specified testing under Pre-admission and Annual Resident Review (PASARR) is not covered by Medicare. Third, any other testing must have a definitive medical reason to be covered by Medicare. Testing must be rendered only to diagnose a suspected mental illness or neuropsychological abnormality, or to evaluate a change in mental illness or neuropsychological abnormality.

This carrier has also identified considerable medically-unjustified psychotherapy in nursing homes. Psychotherapy rendered to beneficiaries with chronic organic brain syndrome is generally unlikely to be an effective treatment or lead to improvement.

We want to inform you that we have established an audit function to conduct onsite investigations of suspected abuse and fraud.

We anticipate, and will greatly appreciate your assistance in preventing and correcting over-utilization of psychological services in nursing homes.

Illinois Medicine

VOLUME 7, NUMBER 7

APRIL 7, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Alfred J. Clementi, MD	David B. Littman, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Harold L. Jensen, MD	Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

True consumer protection

You know something's up when the Association of Trial Lawyers of America asks the president of another lawyer association to apologize for an "outrageous insult." At the American Bar Association's February meeting, President George Bushnell Jr. described Republican congressional leaders as "reptilian bastards." The leaders in question stepped on some tassel-loafed toes by supporting federal tort reform.

Aside from the bar association's name calling, an unfortunate by-product of legal reforms has been the attempt by some plaintiff attorneys to reinvent themselves as consumer advocates. For example, the Los Angeles Trial Lawyers Association recently changed its name to the Consumer Attorneys Association of Los Angeles, according to the February issue of California Physician. The change will be followed by a public relations campaign emphasizing the "societal benefits produced by tort litigation and the personal injury lawyer's role."

And here in Illinois, during the tort reform debate, the Coalition for Consumer Rights released press material under the name Campaign to Protect Consumer Rights. The coalition, backed by plaintiff attorneys, recently released a "study" under the guise of consumer protection, charging that there should be more doctor disciplines in Illinois.

Yet, in 1993, 4.2 licensed doctors per 1,000 were disciplined in Illinois, which is very close to the nationwide rate of 4.8 per 1,000, according to the Federation of State Medical Boards of the

United States. In addition, the study fails to account for Illinois' stringent standards for initial licensing, which prevent unqualified physicians from even obtaining a license, much less practicing. It also fails to recognize that the Illinois Department of Professional Regulation and its disciplinary board take other remedial actions besides disciplines. Some doctors are deemed to need only education, monitoring or counseling.

During the fall of 1994, IDPR made it even easier for consumers to report complaints about their medical care. The department instituted a phone intake system instead of requiring that complaints be submitted in writing.

In addition to the consumer-protection posturing, lawyer organizations are also resorting to threats. In a March 13 letter, the president of the Illinois Trial Lawyers Association said: "Now a special message to those of you who rush to give every letter I write to the medical society. Let your friends know that the battle has only begun. We're going to challenge the constitutionality of H.B. 20, and we're going to assist every lawyer in this state who wants our help. We will be in any county, in any courtroom, in any forum where we can help."

What ITLA's president may be forgetting is that this bill was passed by legislators who represent their constituents – a broader base than just physicians. And that representation is at the heart of the democratic process and is the ultimate consumer protection.

PRESIDENT'S LETTER

Positive discipline

Alan M. Roman, MD



Medicine is a positive discipline that disciplines constructively.

Although I was almost two hours late to the office following yet another surgical emergency, the three urgent media requests on my desk caught my eye. All awaited a response to the latest propaganda from the Coalition for Consumer Rights, this time a study purporting to show that the health and safety of our patients is placed at risk by undisciplined, dangerous doctors roaming hospital corridors.

I was somewhat consoled after talking to those reporters because I found that the coalition has little, if any, credibility. Nevertheless, its spurious claims and outrageous conclusions have enraged many of our members. I feel it's time to set the record straight and not dismiss this as just another unscientific, biased study.

Physicians value highly their professionalism, and it is precisely our dedication to a higher standard of behavior that differentiates us from other trades and professions.

Licensing requirements in Illinois are strict. We undergo arduous training, usually four years of medical school, three to seven years of residency and subsequent examinations leading to board certification, which is perceived by many as the initial step in a lifetime of CME. We apply for hospital privileges and credentials for procedures in our areas of expertise. Our conduct is reviewed by partners, audit and quality review committees, quality assurance and utilization review departments in outside agencies, and county medical societies. In addition, the Illinois Department of Professional Regulation diligently oversees physicians' conduct.

Hospitals and doctors' offices are inherently risky places. Occasionally, individuals are harmed at the hands of physicians. But we need to differentiate between, say, the family physician in rural Illinois who works 100 hours per week and who commits an error, and the rare physician who conducts himself or herself in an immoral or illegal manner. The former can be helped by obtaining

the CME that he or she hasn't had time to obtain. However, our profession has no tolerance for the latter. The occasional case brings disrepute to medicine and sullies the entire profession.

Self-appointed consumer activists say that more Illinoisans die at the hands of physicians than in all the leading causes of accidental death. Those remarks are disingenuous at best and dishonest at worst.

I have never believed there should be a quota for disciplines for doctors any more than there should be one for stockbrokers, architects or even attorneys. However, according to IDPR, the department handed out 149 doctor disciplines in 1994, 23 percent more than the 121 doctor disciplines in the previous year. In 1993, physicians were disciplined at twice the rate of attorneys, despite the fact that in Illinois, there are twice as many attorneys as physicians.

Facing unfamiliar and unpleasant experiences, with outcomes they can't control, patients rely on their physicians to guide them back to health. The coalition studies claiming to promote consumers' best interests actually do the opposite by frightening patients and creating distrust between them and their doctors, and discouraging patients from seeking medical attention. Furthermore, physicians take those attacks on their care personally.

This year, you have provided me the privilege of traveling the entire state. I have met physician after physician who care deeply. The heartfelt stories they tell are about self-mastery, growth and gentle caring – accomplishments that seem so commonplace to them that they often belittle them. These physicians have received the gratitude of countless patients. They are no strangers to greatness, and their behavior is a significant step in enhancing the credibility of medicine. Medicine is a positive discipline that disciplines constructively. Studies such as those from the Coalition for Consumer Rights simply undermine what they claim to protect.

GUEST EDITORIAL

Can the nation's lawyers 'lick' the GOP's agenda?

By Walter Olson

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

The atmosphere in the litigation debate is getting as poisonous as the atmosphere in, well, litigation itself. Eighty-two House members have now called on George Bushnell Jr., president of the 370,000-lawyer American Bar Association, to resign after he described the Republican leadership of Congress as "those reptilian bastards."

Bushnell has refused to apologize for or retract the comment, which a spokesman for Speaker Newt Gingrich called "appallingly injudicious."

The arm-waving attack is bound to remind the public of the famous 1991 American Bar Association conclave in Atlanta where then-ABA president John Curtin rudely rebuffed Vice President Dan Quayle.

In a recent speech, Gingrich warned that organized lawyers were going to turn the GOP push for litigation reform into a "brawl" and "the biggest fight" of the months ahead. "They're going to run every ad, they're going to pull out every stop, they're going to use every trick, they're going to make every threat to every member." He said lawyer groups had ponied up to \$20 million and were threatening both primary and general election challenges to any

member who votes for curtailing lawsuits. "That's how bad it's going to be. It's going to be unbelievable, bitter, in the trenches, just fighting it out."

The ABA's February convention in Miami geared up for an all-out war against GOP legal-reform plans, with any spare time devoted to fighting welfare reform and other Republican plots. Delegates shouted through resolutions opposing "Contract with America" planks with little or no reported dissent or discussion. The seeming unanimity prevailed even though many of the lawyers present were defense litigators who represent clients who get sued, clients who presumably would welcome some of the Republican efforts to cut down on suing.

Lawyer-commentator Mark Pulliam, writing in the California Political Review, recently described a campaign mailing sent out last fall to San Diego lawyers. The pitch went not just to lawyers who represent plaintiffs but also to defense litigators, and specifically warned that "defense business will dry up" if Republicans get in and pass reform.

A wry moment came last week when the ABA's litigation-section chair, Davis Weiner, complained that the new House leadership did not include enough lawyers, pointing out that only one of the eight higher-ranking Republicans is a member of the bar. In the newly elected

House, members with backgrounds in business, banking or real estate outnumber lawyers for the first time in decades, 191 to 170. (Lawyers still outnumber enterprise types by 2-to-1 in the Senate, 54 to 27, and made up 13 of the 18 members in the original Clinton Cabinet.)

Worse yet from the organized bar's point of view, the one attorney in the House leadership, Chris Cox of California, is even more vocal than the rest on the need to rein in courtroom abuse. "For the first time the profession is going to be regulated from the perspective of nonlawyers, and I told them that," Cox told the Washington Times.

ABA president Bushnell's "reptilian" outburst came in reaction to the prospect that Republicans will scotch a Clinton administration plan to expand funding for the Legal Services Corp., the former Hillary Rodham Clinton bailiwick whose poverty lawyers are expected to sue to block any welfare reform Congress succeeds in enacting.

Bushnell, a Detroit Democrat, is not earning a reputation as the avatar of a new Augustan Age of wit and sensibility.

Among other comments, he declared last week that recent conservative electoral wins were based on the "pumping of fear." He called the menace of GOP legislation "comparable to that of the inva-

sion of our shores by foreign forces." Even his apparent play on the speaker's name was a dud, since newts in fact are amphibians, not reptiles.

The cruelest blow came when the head of the Association of Trial Lawyers of America, a group whose bare-knuckled style is legendary in Washington, asked Bushnell to apologize for his "outrageous insult" and "name-calling," publicly worrying that the bouncing-off-the-walls remarks will hurt the lobbying blitz against lawsuit reform. Almost unthinkably, ATLA now bids to become the more polite and respectable of the Terrible Twins of the Bar Self-Interest.

As recently as the 1970s, the ABA was a comparatively sedate and respected professional group that steered clear of most political controversies. Now, as it settles into the role of a trade guild for people who sue people, you might think it's squandering what was once its considerable dignity.

But maybe it's better to suppress such passing thoughts, lest you wind up as one of those Republican-majority types. Before long you might be sunning yourself on a rock, flicking your tongue and wondering why Dad skipped out, the way they do on the Hill.

Olson is a senior fellow at the Manhattan Institute and author of "The Litigation Explosion."



Physicians thank lawmakers for passing H.B. 20

Many grassroots physicians contacted their state representatives and senators urging them to vote for H.B. 20, the tort reform bill backed by ISMS and the Illinois Civil Justice League. But their efforts didn't stop there. Physicians all over the state took time to thank their legislators for supporting H.B. 20. The following are a few such letters.

The Honorable Jim Durkin
Republican, Westchester

Dear Rep. Durkin:

On behalf of the Illinois Orthopedic Society, I would like to offer our sincerest gratitude for your support of tort reform. It is because of people such as yourself that we have taken a very important step toward fairness in the tort law system in the state of Illinois. Changes such as the one you passed will allow us to focus our attention on those who need it most — our patients. We hope that a similar result will occur in the state Senate. Thank you.

Sincerely,

Steven Gitelis, MD
Chicago
President-elect
Illinois Orthopedic Society

The Honorable Rosemary Mulligan
Republican, Des Plaines

Dear Rep. Mulligan:

As a concerned citizen and a member of the Illinois State Medical Society, I was very pleased to hear about your vote in support of H.B. 20, [Illinois' new] tort reform legislation. Although we did not get to speak, I would like to think that the call I

made to your office bolstered your support for the bill. I can only imagine what type of pressure you were under from the [plaintiff] lawyers during the last few days prior to the vote. Even though the Senate has yet to vote on this issue, you have helped all the citizens of Illinois embark on a path toward greater sanity in the civil justice system.

From myself and the Illinois State Medical Society, thank you very much for your vote on H.B. 20.

Very truly yours,

Ira Goodman, MD
Park Ridge

The Honorable Kevin Hanrahan
Republican, Glenview

Dear Rep. Hanrahan:

Many thanks for your much needed and welcomed support of the recently passed tort reform legislation! As both a compassionate physician and a health care consumer, I can now breathe a sigh of relief because of your support and hard work.

Sincerely,

Stuart Fine, MD
Des Plaines

Don't forget the Annual Meeting

The 1995 ISMS House of Delegates Annual Meeting will convene April 21-23. This year's meeting will again be held at the Oak Brook Hills Hotel, 3500 Midwest Road in Oak Brook.

The ISMIE Annual Meeting is scheduled for Wednesday, April 19. It will also be held at the Oak Brook Hills Hotel. ISMIE board elections will take place during the meeting.

Informational materials and meeting packets were recently mailed to House of Delegates members. For more information about the ISMS and ISMIE annual meetings, call (312) 782-1654 or (800) 782-ISMS.

H.B. 20
tightens
expert
witness
qualifications

PAGE 1

ISMIE Update

Physicians
push tort
reform over
the top

PAGE 8

Trends in product liability litigation

Attorneys predict the number of Illinois product lawsuits will decline with H.B. 20 provisions in force. BY KATHLEEN FURORE

As the debate over federal tort reform escalates, product-related suits have received substantial media attention. Medical products are at the center of many of those well-publicized cases.

For example, the U.S. Supreme Court in January upheld a \$7.34-million award to a California woman who sued Dow Corning, alleging she contracted a painful disease when her silicone breast implants ruptured, according to a Jan. 10 article in the St. Louis Post-Dispatch. The woman's implants were manufactured by Dow. That verdict followed a U.S. district judge's decision in September 1994 to approve a \$4.2-billion fund to settle thousands of claims brought by women allegedly injured by the implants, according to the Medical Liability Monitor.

Also in January, the 9th U.S. Circuit Court of Appeals ruled

that Du Pont had no duty to warn 22 plaintiffs that the Teflon used in temporomandibular implants posed possible risks, even though the plaintiffs experienced problems when the implants fragmented, the National Law Journal reported.

Another product liability suit receiving media attention is the class action suit filed in June 1994 in the Circuit Court of Cook County against Wyeth-Ayerst Laboratories, the U.S. distributor of the Norplant contraceptive device. The suit alleged that Wyeth misled consumers and their health care providers about potential difficulties in removing the contraceptive implants, said Jewel Klein, a Chicago plaintiff attorney who is with Holstein, Mark & Klein and who filed the suit. The complaint was later amended to allege that the company failed to disclose enough

information about deleterious side effects, Klein said. "The company said it was almost as easy to remove the implants as to insert them. But scar tissue develops, and physicians have had a difficult time removing some of the implants."

The case was certified as a class action suit, removed to federal court and consolidated with similar cases in a Beaumont, Texas, federal court, where it is proceeding, Klein explained. "Our firm is now representing more than 3,400 individual clients all over the country. My guess is that there are maybe 50 firms handling similar cases, and I estimate there are [more than] 50,000 women seeking representation." No physicians have been named as defendants in any of the cases, she noted.

In spite of the publicity surrounding product liability litigation, (Continued on page 7)

Top 10 ISMIE medical misadventures for claims closed with indemnity, 1993-94

Misadventure	Percent of closed claims	Average indemnity
Errors in diagnosis	13.7	\$388,987
Improper performance	8.6	\$329,482
Failure to supervise or monitor case	5.5	\$348,812
Delay in performing procedure	3.5	\$496,902
Failure to recognize a complication of treatment	1.9	\$269,646
Not indicated, contraindicated or more appropriate alternative available	1.8	\$276,804
Medication errors	1.7	\$366,537
Failure to instruct or communicate with patient	1.1	\$314,193
Surgical foreign body left in patient after procedure	0.7	\$ 50,071
Procedure not performed	0.6	\$501,442

Source: Illinois State Medical Inter-Insurance Exchange

MALPRACTICE ROUNDUP

\$750,000 awarded in negligent release case

A New Jersey court found a physician and a hospital negligent for releasing a patient who died three days after presenting at the hospital with a severe urinary tract infection. When the patient arrived in the emergency room, she had a 102-degree fever, pain while urinating, right-flank pain, orange-colored urine, a bloody nose and blood-tainted vomit, according to a summary of *Messot vs. St. Michael's Medical Center* reported in *Medical Malpractice Law & Strategy*.

The patient's estate sued, claiming the hospital attributed her symptoms to her diabetes and HIV infection instead of admitting her and treating her with antibiotics.

The jury awarded the woman's companion and her three children \$225,000 in monetary loss, which was based on the decedent's 5-year life expectancy given her HIV infection. In addition, the jury awarded \$530,000 for the patient's pain and suffering.

The defense said the pain and suffering award was exorbitant. It plans to file a motion for a new trial and a reduced award. ■

Hospital not guilty in child's death

A Cook County jury ruled that health care workers at Cook County Hospital were not responsible for a toddler's death, even though they did not immediately diagnose child abuse when the boy was admitted to the hospital, according to the Chicago Tribune.

Doctors released the child after a few days and instructed the child's mother to bring him back in two weeks, which she failed to do. Four months later, the boy was returned to the hospital, with his head swollen to three times the size of his body. He was placed with a foster family but died shortly thereafter. The boy's mother was ultimately convicted of shaking her son and throwing him to the ground.

On behalf of the boy's siblings, the child's grandmother filed a \$2.5-million wrongful death suit against the hospital, claiming that during the child's first visit, physicians failed to read a CT scan, which could have revealed the abuse. But the jury agreed with arguments made by the hospital's attorneys stating that shaken baby syndrome is difficult to diagnose and that the boy died because of his mother's actions. In addition, although the jurors said the health care workers who treated the child were negligent in failing to diagnose the abuse immediately, they added that the negligence did not cause his death. ■

Defendant physician can testify about diagnosis

The Illinois Supreme Court ruled in November 1994 that physicians may defend themselves against the testimony of a plaintiff's expert witnesses, according to a story in *Medical Malpractice Law & Strategy*. In *Hoem vs. Zia*, the decedent's wife sued two physicians and two hospitals for failing to prevent her husband's fatal heart attack. The plaintiff's medical expert testified that the lead defendant physician "failed to properly recognize the decedent's angina as a sign of heart disease and treat him accordingly," the case summary said.

At trial, the physician explained his patient's pain was consistent with musculoskeletal pain, not heart disease. On appeal, the plaintiff attempted to have the defendant physician's testimony struck from the record, claiming the Dead Man's Act barred such testimony. But the Supreme Court ruled that permitting the expert to testify without giving the defendant the chance to defend himself would favor the plaintiff's argument and violate the act. In its decision, the court said the act exists to "remove the temptation of the survivor to a transaction to testify falsely and to equalize the positions of the parties in regard to the giving of testimony." ■

Product liability

(Continued from page 6)

tion, attorneys said there hasn't been a groundswell of new cases. And they predict even fewer cases will be filed in Illinois because of product liability provisions in the state's new tort reform legislation.

"Any time there is a class action suit, there is a lot of media attention," said John Mulgrew, an attorney with Heyl, Royster, Voelker & Allen in Peoria. "But I haven't noticed any explosion in the number of cases filed."

However, prior to the vote on H.B. 20, a significant increase in such cases occurred in Cook, Madison and St. Clair counties, Mulgrew said. "There was a tremendous percentage increase in tort filings including product liability cases to avoid what some consider the draconian changes in product liability law and tort law in general [brought by H.B. 20]."

Mulgrew said he believes there will be a slight decline in the number of product liability cases and the claims that are filed will have greater merit than many of those filed before H.B. 20 became law. "As a result of H.B. 20, plaintiffs' attorneys will have to work harder for less money in

the quiver."

Product liability affects physicians and hospitals as well as manufacturers. "In almost every case [in which] there is an attack on a medical device, plaintiffs' attorneys will charge fault with the treating physician or hospital. It usually will be not only a product liability case but also a medical malpractice case," Mulgrew said. "Plaintiffs name doctors and hospitals because of the likelihood of better settlements. They think, The more, the merrier."

Plaintiffs must prove negligence, however, in medical malpractice cases stemming from product liability lawsuits, Mulgrew noted. "If a doctor or dentist is

using a defective product, he or she isn't subject to a claim in strict tort liability. Plaintiffs must prove [the doctor] didn't use the proper standard of care."

"But in breast implant cases, physicians could be sued for malpractice if they knew about the risks and didn't make disclosures [to their patients]," Friedman said.

In fact, plaintiffs have sued physicians and hospitals in connection with breast implants, according to a report in the Medical Liability Monitor. Although most states have not experienced a rash of lawsuits, some 2,500 breast implant suits have been filed against Texas physicians. Verdicts were returned in

favor of the physicians in the cases that have gone to trial, but millions of dollars have been spent defending the claims, the article said.

To minimize the risk of malpractice litigation in product liability cases, attorneys recommend that physicians learn as much as possible from the manufacturers of the products they use. Doctors should also disclose any known risks about the products to their patients, document any problems they have with the product and communicate those problems to the hospital and the manufacturer. Equally important, physicians should always conform to accepted standards of care, the attorneys said. ■

It has been difficult to defend product liability cases. Defense attorneys haven't had many arrows in the quiver.



"I'm glad I was covered by the PBT Long Term Disability Plan!"

("And I'm glad I had a hand in its design.")

"With the PBT Long Term Disability Plan, I didn't have to worry..."

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Plans

PBT Benefit Mini-Briefing

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

Physicians p over

*Even though passage of a
grassroots physicians*

BY KATH

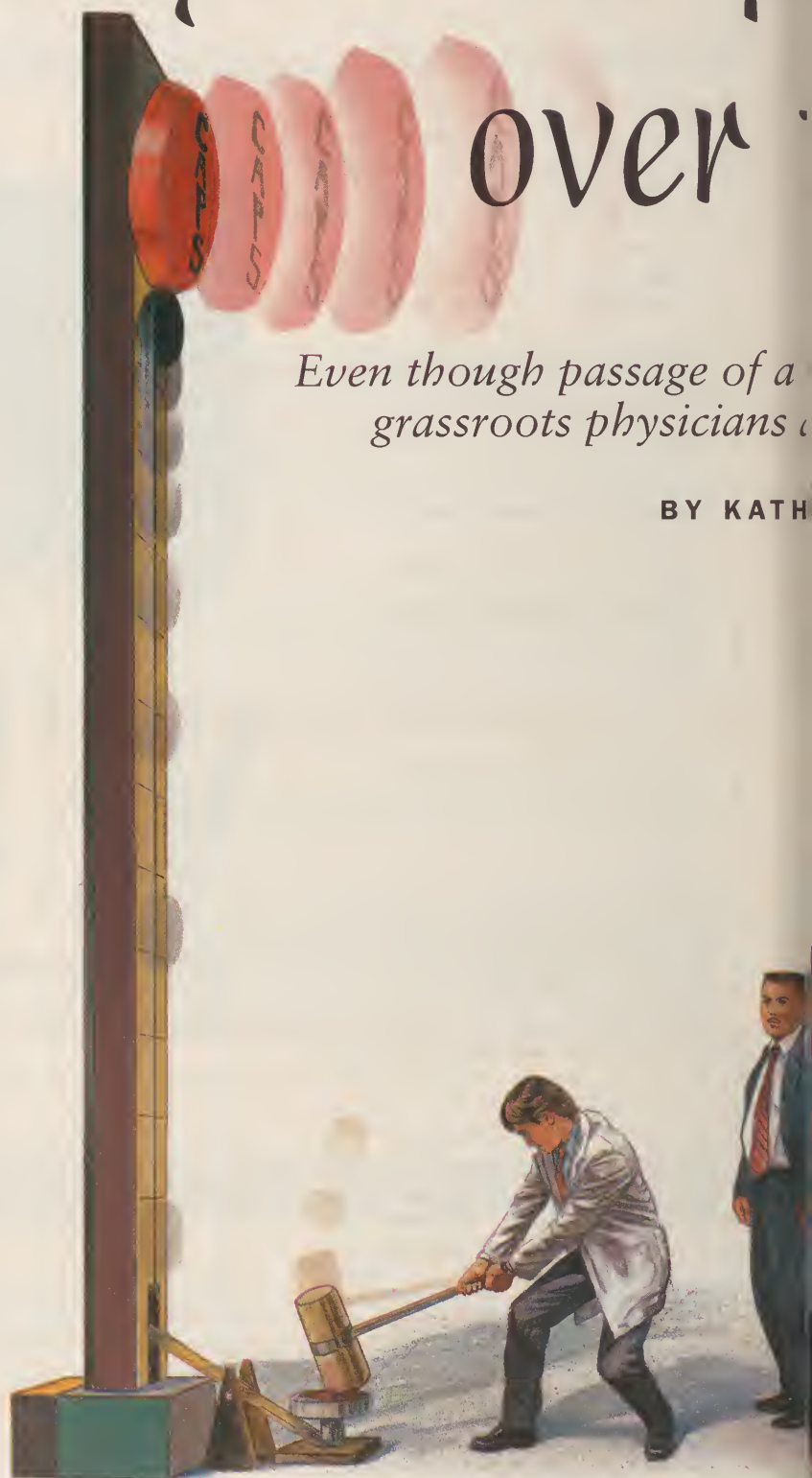
With the fate of an ISMS-backed tort reform bill hanging in the balance, Illinois physicians rallied to generate support for the legislation, which featured a \$500,000 cap on noneconomic damage awards for all civil lawsuits, including medical malpractice cases. From Chicago to Springfield, from Barrington to Belleville, doctors sent letters, gave speeches and held meetings to explain how the provisions in H.B. 20 would benefit all Illinois citizens.

They succeeded. The comprehensive tort reform legislation passed the General Assembly March 3 and was signed into law by Gov. Jim Edgar on March 9.

"I made the point that this [issue] touches everybody's lives," said John Laude, MD, medical director of nuclear medicine at Elmhurst Memorial Hospital. During his presentations to the medical staffs at Elmhurst and Loyola University Medical Center, Dr. Laude underscored the bill's significance by citing the motto on Loyola's heraldic crest, which translates to "For the better glory of God." "I told them that means doing the right thing every day. I said, 'Here is a wrong we have to right.' And I made the point that this legislation will allow more money to be given to the truly injured."

Dr. Laude also arranged for Sen. Dan Cronin (R-Elmhurst), an H.B. 20 sponsor, to discuss the measure with Elmhurst Memorial physicians. About 50 people met with Cronin in the doctors' lounge, Dr. Laude said. "He really opened our eyes quite a bit."

Such face-to-face meetings with lawmakers were important because "legislators were being bombarded by misinformation from trial lawyers," Dr. Laude noted. "The one lesson every doctor ought to learn from this is that your voice is important, and it has to be timely."



One call at the right time is worth thousands of dollars in contributions."

JOLIET RADIOLOGIST James Gagnon, MD, president of the Will-Grundy County Medical Society, attended two Saturday morning legislative breakfasts featuring Sen. Edward Petka (R-Plainfield) and Rep. Tom Cross (R-Yorkville). The events were held to "let them know why [physicians] were interested in seeing this bill pass. When Sen. Petka sat down at breakfast, he said he would vote for the bill."

Dr. Gagnon also co-signed a letter with ISMS President

MOVEMENT

Push tort reform to the top

was a test of their strength,
Alliance members won.

FUTURE



Patrick Whelan

Alan M. Roman, MD, asking local physicians to encourage their legislators to vote for H.B. 20. More than 360 such letters were distributed in the area. In addition, Dr. Gagnon and retired Joliet family physician Stanley Rousonelos, MD, met with the editorial board of the Daily Herald to discuss the pending legislation. The two physicians cited personal experiences illustrating the need for caps and other medical malpractice reforms. "People frequently ask for scans that aren't necessarily required. And if we don't do them and something goes wrong, we're liable for the omission," Dr. Gagnon explained. The result of that meeting was a "real nice editorial that

was very supportive of tort reform."

The malpractice climate in St. Clair County made physicians there especially interested in the passage of H.B. 20. "This is a hotbed of suits of the malpractice variety," explained Harold Harsin, MD, medical director of St. Elizabeth's Hospital in Belleville. "Plaintiffs' attorneys are suing physicians for very frivolous things here and getting judgments on technicalities, even though no malpractice is involved."

Dr. Harsin said he invited several state lawmakers to St. Elizabeth's for a Feb. 14 informational meeting about tort reform. "We had a grand rounds canceled so this could be put in place," he noted. Rep. Ron Stephens (R-O'Fallon), a sponsor of H.B. 20, was the only legislator able to make the meeting, which was attended by about 50 area physicians. "Rep. Stephens was very supportive. He felt it was an important piece of legislation."

Immediately after the program, Dr. Harsin prepared a petition supporting H.B. 20. "The bill went up for a [House] vote too quickly [to submit the petition there]. But we continued to circulate it, since the Senate vote was delayed," Dr. Harsin explained. More than 70 people ultimately signed the petition, and it was sent to senators just days before H.B. 20 passed the Senate.

MEDICAL STUDENTS and residents were also active in the fight for caps, holding chapter meetings and contacting legislators. Jon Kostelic, MD, a radiology resident at the University of Chicago Hospitals and president of the Chicago Radiologic Society's Resident Physicians Section, said he helped educate other physicians about tort reform. Dr. Kostelic sent out a letter on the University of Chicago's E-mail system and arranged to have ISMS'

(Continued on page 10)

Alliance fought for tort reform

Physicians weren't the only tort reform proponents representing the medical community during the recent campaign for caps. Throughout the state, members of the Illinois State Medical Society Alliance worked diligently to help educate lawmakers about the merits of H.B. 20 during the current legislative session.

Before the general election, the Alliance supported candidates who are friends of medicine on health care issues like tort reform. "We had about 23 members involved in campaigns we felt were important," explained Pam Taylor, the Alliance's legislative chairman.

For example, the Alliance focused on the Springfield race between Republican Gwenn Klingler and Democratic challenger Marylou Lowder Kent. Klingler, a partner in general law at Boyle, Klingler and McClain and a member of the Sangamon County Medical Society Alliance, defeated Kent, the Illinois State Bar Association's director of legislation.

Alliance members went to Springfield to discuss tort reform issues, such as caps on noneconomic damage awards, two weeks before the House of Representatives voted on H.B. 20, she added.

Working on the mini-internship program for four years helped Mary Ann Stoffel, a member of the Rock Island County Medical Society Alliance, feel

at ease contacting legislators. Rep. Joel Brunsvold (D-Rock Island), Rep. Mike Boland (D-East Moline) and Sen. Denny Jacobs (D-Moline) have been mini-interns, Stoffel said. "I felt very comfortable calling them when the vote [on H.B. 20] was going through."

Although Brunsvold and Boland opposed H.B. 20, Jacobs was one of only three Democrats who voted yes on the bill. "Denny went through [the mini-internship] program three times, and I think the experience greatly influenced his decision to vote for the bill," Stoffel explained. "We make a very conscious effort to present what medicine really is, without doing intense lobbying. Denny was overwhelmed at the amount of defensive medicine and paperwork he saw."

Before the House and Senate votes, the Alliance also activated its telephone tree to encourage people to call their lawmakers about H.B. 20, Stoffel said. "We called more than 200 people in our Alliance area." In addition, Alliance members Rose Udehn, Linda Izquierdo and Mary Anne Carroll delivered notes in person to local physicians urging them to contact their legislators. "It was one of the most effective things we did," Stoffel said. "At least 15 doctors stopped what they were doing at that moment and called."

— Kathleen Furore

Over the top

(Continued from page 9)

program on tort reform presented at a CRS meeting.

"It is something I felt strongly about, not primarily for its effects on the medical community but on society as a whole," Dr. Kostelic explained. He said his concerns centered on the costs that frivolous lawsuits add to many goods and services and the "bad incentive structure" created by excessive awards. "It encourages people to sue recklessly and often makes it cheaper to settle than to defend a claim. If a patient levels a ridiculous charge, it's easier to open the checkbook than to pay a defense attorney \$400 an hour. It's really a legal form of extortion that makes sense financially but not morally."

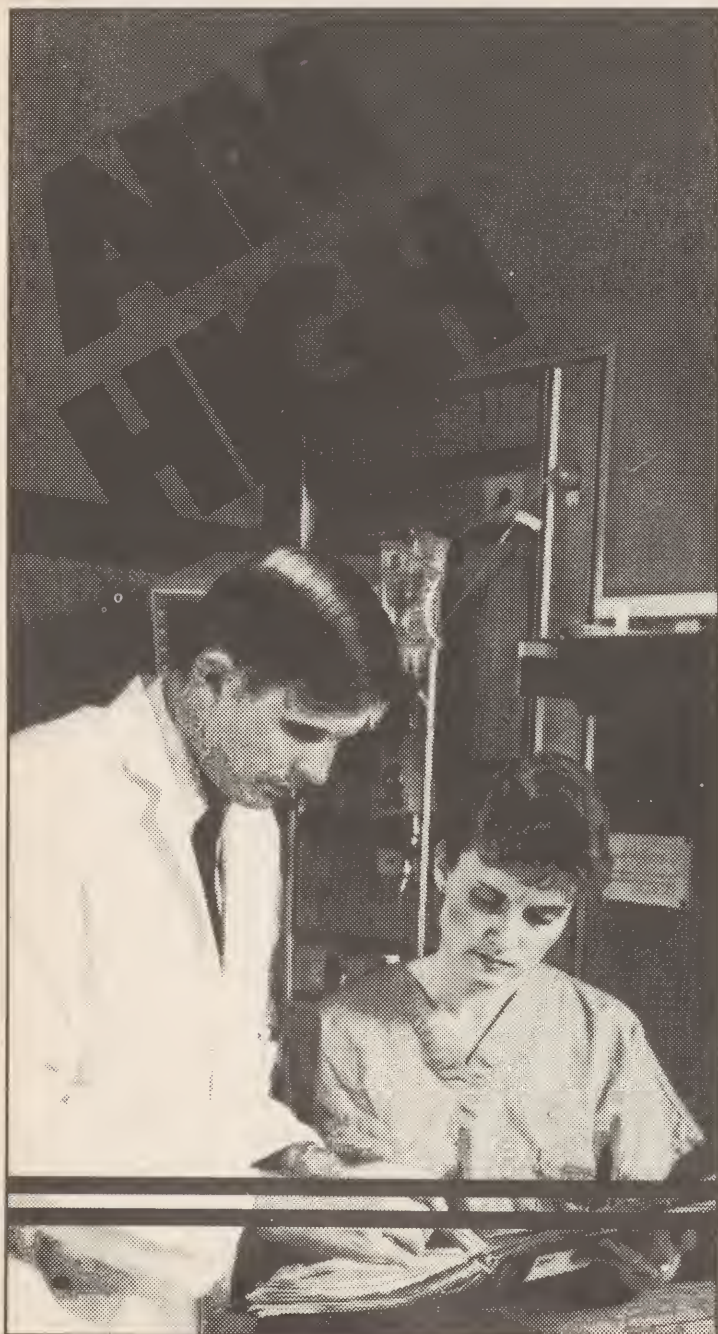
Another resident physician's personal experience with a plaintiff attorney helped spur his participation in the grassroots push for tort reform. The attorney contacted William Falco, MD, after the physician was involved in a minor car accident, and tried to convince him to file suit, even though Dr. Falco's injuries were minor. "I told him I had insurance to pay for repairs and that I only had a sore neck, for which my HMO paid [the medical expenses]. But he said, 'You deserve to be reimbursed for your time,'" recalled Dr. Falco, a resident at the University of Chicago Hospitals and the resident representative to ISMS' Governmental Affairs Council. "I was somewhat appalled by the legal system. I don't think the guy who hit me

was very well off, and he had a child. If I'd filed suit, it probably would have devastated his whole family."

Dr. Falco called his state representative's office, posted notes at the hospital telling other residents to contact their legislators and wrote an article about the need for tort reform for the ISMS Resident Physicians Section newsletter, RPS Rounds. He said he believes it is essential that young physicians get involved in legislative activities. "These are issues that are going to be affecting us young physicians in the long term, even more than [they will affect] older physicians who are going to be retiring in a few years."

Although the legislature passed H.B. 20 and the governor signed it, physicians' work on tort reform isn't done. Physicians must remember to thank legislators for their support, Dr. Laude stressed. "I called [Sen. Kirk] Dillard's office [R-Downers Grove] to say thanks and was told my call was the first one thanking him all day. So I put out notices [at the hospital] saying, 'Make sure you say thank-you.'"

In addition, even though the bill is law, "the issue hasn't been won yet," cautioned Dr. Gagnon. "It is going to be challenged continuously. In any way, shape or form they can, trial lawyers are going to fight this. If you want to see change, you'd better be willing to work to achieve it, because there are people out there working to achieve what you might not want. If you aren't watching your own backyard, someone's going to be moving the fence!" ■



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle and benefits you enjoy as an Air Force professional, along with:

- 30 days vacation with pay per year
- Dedicated, professional staff
- Non-contributing retirement plan if qualified

Today's Air Force offers the medical environment you seek. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE 1-800-423-USAF



Classified Advertising

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Urgent care: Enjoy an efficient, modern practice with regularly scheduled hours and excellent compensation. PromptCare at Saint Francis Medical Center, Peoria, sees minor illnesses and injuries. Work eight- to 12-hour shifts. Salary of \$65 per hour or more based on qualifications; benefits, including malpractice, paid. Peoria, with a metropolitan population of 250,000, offers a quality Midwestern lifestyle with many options for recreation, sports and culture. Contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Lancaster, Wis.: Grant Community Clinic, affiliated clinic of Dean Medical Center, is actively recruiting one board-eligible/board-certified family physician. Its current staff consists of three family physicians and one general surgeon. The group also has two physician assistants on staff. Each physician is at the clinic six hours a day, four days per week, seeing between 20 and 25 patients daily. A minimum \$110,000 guaranteed salary plus incentive is provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Monmouth, Acute Care Inc.: Best of both worlds, rural small-group atmosphere, urban large-group amenities. Seeking quality emergency physicians interested in stellar emergency medicine practice. Director and staff positions. Full time and regular part time. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Wisconsin: Monroe, a safe, family-centered community, is just one hour from Madison, Dubuque and Rockford and two hours from Milwaukee and Chicago. We are a 50-plus-physician multispecialty group practice with openings for BC/BE physicians in family practice, Ob/Gyn, cardiology (noninvasive), outpatient psychiatry, orthopedic surgery, pulmonology and dermatology. We offer generous benefits, freedom from buy-ins and office management. Call schedules you can live with. New 114,000-square-foot clinic. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Enjoy practicing the full range of primary care medicine in Fairbury. Saint James Hospital, Pontiac, offers an excellent practice environment, compensation and benefits package, and a call group of four physicians. The hospital recently built a new office in this friendly community of 4,000, with good schools, shopping and many family-centered activities. Fairbury is an easy drive to Pontiac, Bloomington and Champaign, with many options for recreation, sports and culture, and major universities. Opportunity to take over a busy practice. For more information, contact Dawn Hamman, Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; phone (800) 438-3740 or fax (309) 685-1997.

Janesville, Wis. - urgent care: Riverview Clinic, division of Dean Medical Center, is actively recruiting an urgent care physician to join its medical staff. Currently there are two physicians at the clinic from 9 a.m. to 9 p.m. Monday through Friday and 9 a.m. to 11:30 a.m. on Saturday, and the clinic desires to expand the hours of operation until 9 p.m. on Saturday and from 1 p.m. to 9 p.m. on Sunday. The facility is well-equipped with eight exam rooms, lab and X-ray. Flexible hours are available with an expected total of 30-40 hours per week. Excellent compensation/benefits provided. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

Madison, Wis. - urgent care: Dean Medical Center, a 300-plus-physician multispecialty group, is seeking a full-time physician to assist in staffing our two urgent care centers. Qualified applicants should be BE/BC in family practice, emergency medicine or internal medicine with experience in pediatrics. Dean Medical Center operates two urgent care centers 365 days per year from 7 a.m. to 10 p.m. All physicians employed at the urgent care centers are paid on an hourly basis, and full-time physicians are eligible to buy into the corporation after two years of employment. Excellent compensation and benefits. Contact Scott Lindblom, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Internist, downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Madison, Wis.: Dean Medical Center, a 300-physician multispecialty group, is seeking additional family physicians to join its 30-member department. Positions are located at our Arcand Park, East Madison and Deerfield clinic locations. All positions have an excellent call schedule. Madison is the home of the University of Wisconsin, with enrollment of more than 40,000 students, and the state capital. Abundant cultural and recreational opportunities are available year-round. Excellent compensation and benefits are provided. Contact Scott Lindblom, Dean Business Office, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966 or (608) 259-5151. An equal opportunity employer.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: gerontology, family medicine, internal medicine and surgery. Positions are available full time and part time. Competitive salary. Please mail CV to Scott Schneider, Home Physicians Inc., 1735 N. Ashland, Suite 301, Chicago, IL 60622; phone (312) 235-2061 or fax (312) 235-2062.

Beaver Dam, Wis.: Medical Associates of Beaver Dam is actively recruiting a BE/BC family physician to join its staff of six family physicians. Call is shared equally, and all hospital admissions are at our local 100-bed hospital. Beaver Dam is a safe, family-oriented community of 15,000 located 45 minutes north of Madison, with excellent schools and four-season recreational opportunities. Excellent compensation and benefits are provided. For more information, please contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 W. Beltline Highway, Madison, WI 53715-0328; (800) 279-9966, (608) 259-5151; fax (608) 259-5294; or home phone, (608) 833-7985.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Psychiatrist needed to perform diagnostic evaluations in the Loop. No treatment involved. Part-time, flexible hours, generous compensation. Please call (312) 558-9190.

Primary care: For more than two decades, the staff of Physician Search Ltd. has provided career placement in the metropolitan Chicago area to board-certified specialists. We welcome the opportunity to work with you in a practice match. Please call Diane Temple, (708) 654-0761, fax (708) 754-9788; 440 E. Ogden Ave., Hinsdale, IL 60521.

Janesville, Wis.: Dean Medical Center, a 300-physician multispecialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delavan, Wis. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family-oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send CV to Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547; or call (608) 755-3500. An equal opportunity employer.

Illinois: Second BE/BC pediatrician for busy, diverse private practice in northwest Chicago suburbs. Fine 300-plus-bed acute care hospital and professional environment. Educated, affluent patient base. Strong communications skills a must. Contact Rebecca Turley, (800) 338-7107, fax (414) 785-0895, E-mail tlarsen@earth.execpc.com.

TIME FOR A MOVE?
IM, FP, OB/GYN, PEDS

OUR PROMISE
We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS:
CALL FOR DETAILS!

We track every community in the country . . .

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



The
Curare
Group, Inc.

(800) 880-2028
Or Fax CV to:
(812) 331-0659
M-F 8:00am-8:00pm
Sat 1-5pm EST

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFL, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Hospice: Part-time hospice physician available with Rainbow Hospice Inc. of Park Ridge. Rainbow serves the northwest side of Chicago and the northwest suburbs. The program is affiliated with Holy Family Hospital, Lutheran General Hospital and Resurrection and Our Lady of the Resurrection medical centers. Hours are flexible, and hospice experience preferred. Send CV to C. Minarik, 1550 N. Northwest Highway, Park Ridge, IL 60068-1427.

Staff physician, student health center, University of Illinois. McKinley Health Center, a JCAHO-accredited, student-oriented ambulatory care facility, is seeking primary health care physicians. Appointments are full-time, 12 months, academic/professional, with comprehensive benefit package and competitive salary. Illinois medical licensure required. Board certification/eligibility preferred. Complete position notice/information available from Lucille Isdale, PhD, Director, McKinley Health Center, 1109 S. Lincoln Ave., Urbana, IL 61801; (217) 333-2711. This search will remain open until positions are filled. The University of Illinois is an AA/EEO.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

UI-trained primary care MD wants to rent/share office space in Chicago area. Page (708) 817-5636.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced internist, BE endocrinology, bilingual (Polish), seeks primary care/internal medicine position in underserved area for J-1 visa waiver. Available July 1995. Please send replies to Box 2274, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

Jamalca villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has its own pool, four bed-bath suites. Daily cook, meals, maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$502 per person per week, winter season; \$365 off-season. (608) 231-1003.

Elgin. Medical space available in fast-expanding area, time share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

New medical center: Excellent location in northwest Chicago. Will do a build-out up to 14,000 square feet. High patient traffic area with a big food-chain store across the street. We will accept a limited number of physicians as tenants or as partners in the health center. Call Severko Hrywnak, DPM, (312) 685-8400.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Michigan Avenue medical space available. Medical practice seeking subtenant two days per week. Located near Northwestern Hospital on North Michigan Avenue. Excellent parking, complete facilities, prestigious location. Call George B. Close, business manager, (708) 619-2090, ext. 14.

Chicago - near Northwestern Memorial hospital: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Miscellaneous

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements - \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Permanent/temporary medical billing personnel. Specialists in medical practice billing, A/R and insurance staffing. Contact Carole Kay at Medical Billing Personnel, (708) 272-3272.

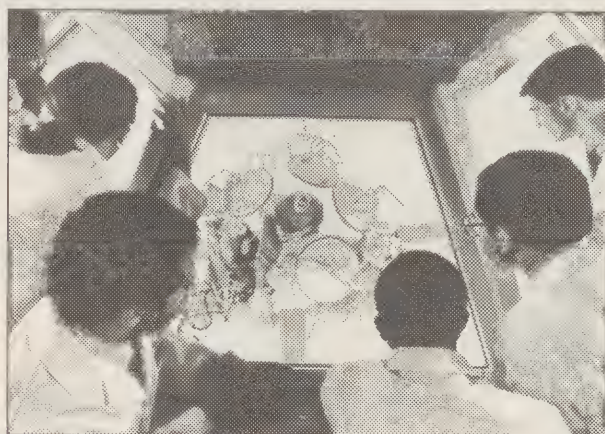
Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro©, (305) 596-3135.

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

We bill electronically, and you watch your cash flow increase. Custom Medical Billing Service guarantees satisfaction. Call (800) 465-5313 for complimentary consultation. Custom Medical Billing Service.

AN ARMY SCHOLARSHIP COULD HELP YOU THROUGH MEDICAL SCHOOL



The U.S. Army Health Professions Scholarship Program offers a unique opportunity for financial support to medical or osteopathy students. Financial support includes tuition, books, and other expenses required in a particular course.

For information concerning eligibility, pay, service obligation and application procedure, contact the Army Medical Department Personnel Counselor:

Call Collect Cpt. Paul Wuerdeman
(708) 541-3411

ARMY MEDICINE. BE ALL YOU CAN BE.®

House of Delegates

(Continued from page 1)

ed from managed care groups. A third resolution directs ISMS to support legislation giving patients in managed care plans the ability to choose their physicians. In addition, a delegate submitted a resolution calling for the Board of Trustees to proceed with the development of an ISMS management services organization upon approval of a business plan currently being developed in phase two of the Society's feasibility study.

In the public health arena, delegates submitted resolutions on such subjects as the free distribution of tobacco samples, childhood immunizations, helmet laws and a ban on smoking in public buildings. Specifically, one proposal calls for ISMS to support legislation prohibiting tobacco companies and distributors from handing out free samples.

Nurse practitioners and Medicare are also covered in the delegates' resolutions. One asks ISMS to work with nurse practitioners, the Illinois Rural Health Association and the Illinois General Assembly to pass legislation that would define and delineate the roles, duties and areas of practice for nurse practitioners in Illinois. Other delegates are urging ISMS to try to abolish Medicare's use of limiting charges because they have led to unrealistically low payments to physicians for services rendered.

Watch upcoming issues of Illinois Medicine for in-depth coverage on how the House of Delegates acted on these and other resolutions. ■

Expert witness

(Continued from page 1)

prohibits health care professionals from testifying as expert witnesses if they have not practiced, taught or conducted research for 10 years. "This refers to people who have been retired for more than 10 years," Morse said. If physicians do not meet this criterion and want to testify, they must provide proof that they have remained active in medicine and are familiar with the current standards of care, Morse explained. Those two qualifiers are important because "medicine is constantly changing," he added.

Although the Illinois Supreme Court overturned similar provisions in a 1992 ruling in *Jones vs. O'Young*, the requirement that experts practice in the same field as the defendant or know the area of medicine at issue is important, said Richard Donahue, an attorney with Baker & McKenzie in Chicago. It is unjustifiable for someone to testify if he or she doesn't practice in the same field, Donahue said. "I think logically and on basic fairness grounds, this part of the statute is right."

Illinois appellate courts have backed up that contention in two recent cases — *Purtill vs. Hess* in 1986 and *Gill vs. Foster* in 1993 — Donahue noted. It is possible to "evaluate whether an expert witness has demonstrated a sufficient familiarity with the standard of care practiced in the case," according to the court's opinion in *Purtill vs. Hess*. In addition, the determination on whether an expert witness is qualified to testify does not

depend on whether he or she is a member of the same specialty or subspecialty as the defendant. Instead, it is based on whether the allegations of negligence concern matters within his or her knowledge and observation, the court said.

To avoid situations in which unqualified experts testify in medical malpractice cases, the provisions in H.B. 20 are essential. In a recent suit, *Northern Trust vs. Upjohn Co., et al.*, the plaintiff sued an obstetrician for treating her with Prostin, a drug used for an intrauterine injection, which caused her to suffer cardiac arrest and brain damage, said Neil Quinn, an attorney with Pretzel & Stouffer in Chicago. The plaintiff used a specialist in emergency medicine and internal medicine as her expert witness, but the witness was not an obstetrician and had never administered intrauterine injections, Quinn said. In fact, the witness had never used the drug in question and was unfamiliar with its side effects.

On appeal, the defendant physician questioned the qualifications of the plaintiff's expert to "establish the applicable standard of care and the sufficiency of the evidence indicating that the plaintiff's injury was proximately caused by his conduct." The appellate court reversed the lower court's decision, ruling that the "plaintiff's expert was not competent to testify on the standard of care to be applied to the defendant physician." The court's decision hinged on whether the expert had training and experience in the medical issue involved in the case, not whether he was an obstetrician, Quinn noted. The Illinois

Supreme Court refused to hear the *Upjohn* case, saying it found no reason to review it.

Before H.B. 20 became law, no Illinois statute addressed the issue of qualified expert testimony. "The law now is in harmony with this case, and now [the provisions are] codified," said Quinn.

THE NEW EXPERT witness provisions in H.B. 20 benefit defendants and plaintiffs, said Frank Petrek, an attorney with Bollinger, Ruberry and Garvey in Chicago. "It benefits defendants because they tend to get [physicians] in their own profession to testify," Petrek said. At the same time, the provisions will upgrade the quality of some plaintiffs' cases because their expert witnesses will have to be qualified, which can only help their case, Petrek explained.

Problems with expert witness testimony can occur when physicians lose some of their skills and then try to earn a living by criticizing other doctors, he said. "I have argued cases [in which] plaintiff experts have not been in operating rooms for more than 15 years." Those individuals hurt the medical profession as well as the legal profession, and they should be removed from the system, he added.

As an example, Petrek cited a current case in which a neurologist is testifying against an anesthesiologist. The neurologist placed an advertisement in the March 1995 issue of the American Bar Association's *ABA Journal*, soliciting business for himself as a plaintiff's expert. "We don't need people like that in Illinois," Petrek said. ■

PRIMARY CARE PHYSICIANS

Heartland Primary Care is seeking BE/BC Primary Care physicians who desire to join a progressive, hospital-employed group practice. You'll be involved in all aspects of family medicine except obstetrics, providing clinical coverage at a new hospital-based ambulatory care center and satellite offices in St. Joseph and nearby communities. To allow flexibility for your personal life, you'll share call with other members of the Heartland Health System Department of Primary Care.

Heartland Health System is a 600-bed bi-campus regional referral center, serving 29 counties in Northwest Missouri and adjacent areas of Kansas, Iowa and Nebraska.

- Guaranteed salary of \$135,000 per year
- Medical student loan repayment options
- Malpractice insurance
- Health and life insurance
- Vacation
- Relocation expenses are provided.

For more information call Rhonda, 800-455-2480 or Heidi, 800-455-2485. Send CV to Heartland Health System, Medical Staff Development, 5325 Faraon, St. Joseph, MO 64506 or Fax to 816-271-6146.

Heartland
Health System

EOE

©1995 NAS

The Verdict Could Wipe You Out!



Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly **one-half (47%)** were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (**APT**) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an **APT** and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Health care bills

(Continued from page 3)

Acupuncture

H.B. 1315 provides for the licensure of acupuncturists statewide. According to the bill's sponsor, Rep. Daniel Burke (D-Chicago), acupuncture refers to a science based on the ancient Chinese theory of using needles to puncture the body at specific points to relieve pain or cure a disease. No action has been taken on the measure to date because acupuncturists are still trying to negotiate various elements of the bill, Burke said. The measure remains in the House Privatization, Deregulation, Economic and Urban Development Committee. ISMS opposes the legislation based on Society policy stating that acupuncture is a surgical procedure that should be performed only by physicians licensed to practice medicine in all its branches and by dentists.

Privileges for clinical psychologists

S.B. 329, a bill that would have allowed licensed clinical psychologists to obtain hospital privileges, including the ability to admit, treat and discharge patients, failed March 9 in the Senate Insurance, Pensions and Licensed Activities Committee. The bill was sponsored by Sen. John Cullerton (D-Chicago).

A similar measure, H.B. 1097, is pending in the House Registration and Regulations Committee. Under the House bill, which is sponsored by Rep. Skip Saviano (R-River Grove), clinical psychologists would be eligible for possible

hospital medical staff membership positions. Their eligibility would be based on education, training and competence. ISMS opposes both bills.

Licensing of tattoo artists

An ISMS-prompted bill aimed at licensing and regulating tattoo artists statewide advanced from the House Registration and Regulations Committee on March 15 and was sent to the full House for approval. Sponsored by Saviano, H.B. 1929 would create the Tattoo Artist License Act and would direct IDPR to establish requirements on sanitation, sterilization and hygiene for the use of needles in tattoo parlors to prevent infection.

Under the bill, artists would be required to inform their clients that tattoos are permanent and to explain the application process and possible tissue reactions. The bill also states that no individual could work as a tattoo artist without obtaining a valid license and that licensed artists would be prohibited from applying tattoos to individuals who were intoxicated with alcohol or other drugs. Physicians would be exempt from the act.

Hypnotherapy

Creating the Hypnotherapist Registration Act, S.B. 348 directs IDPR to license hypnotherapists, establish educational requirements and impose fees for registration renewal, and it calls for the development of disciplinary criteria. In addition, the bill stipulates that to be qualified, hypnotherapists must complete at

least 100 hours of study in an accredited agency and 200 hours of hypnotherapy practice with a qualified supervisor. The bill is stalled in the Insurance, Pensions and Licensed Activities Committee pending negotiations with the National Association of Social Workers, said sponsor Sen. Todd Sieben (R-Geneseo). ISMS opposes the legislation.

Chiropractors in HMOs

S.B. 462 would have defined chiropractors as primary care providers. The bill was sponsored by Dillard, and it failed in the Senate Public Health and Welfare Committee. ISMS opposed the legislation.

S.B. 725, sponsored by Sen. Chris Lauzen (R-Geneva), passed the Insurance, Pensions and Licensed Activities Committee on March 22. The bill would amend the Health Maintenance Organization Act to require HMOs to provide chiropractic services on referral but would allow medical directors of HMOs to determine the number of chiropractors. ISMS did not oppose the measure.

Violent injury reporting

Legislation that would require hospitals and other facilities to report to the Illinois Department of Public Health any injury allegedly caused by a violent act advanced from the House Health Care and Human Services Committee on March 8. H.B. 1977 is supported by ISMS and is sponsored by Rep. Carolyn Krause (R-Mt. Prospect). All data collected would be confidential. ■

Federal tort reform

(Continued from page 1)

Welch, MD. "ISMS had contacted Illinois' congressional representatives to urge a yes vote. We also worked with county medical societies to contact House members in districts targeted by the AMA."

U.S. Rep. Henry Hyde (R-Addison), chairman of the House Judiciary Committee, which considered the bill, said the full bill is a historic measure. He explained that H.R. 956 is a comprehensive tort reform bill that would balance the rights of claimants and defendants in civil lawsuits. "Lawsuit abuse is a national problem [that] justifies a congressional solution." For two decades, state legislatures, such as the Illinois General Assembly, have responded appropriately to that problem by enacting legal reforms, he said. But those state reform efforts are very different, creating a patchwork of laws that illustrates the need for national legal standards, Hyde added.

Another H.R. 956 amendment deals with expert witness testimony based on scientific knowledge. In particular, the bill would ban the use of such testimony unless the court decided that it was scientifically valid and reliable, that there was a valid scientific connection to the facts at issue and that the evidence was sufficiently reliable. Other elements address joint and several liability, liability of product retailers and liability of plaintiffs who are under the influence of drugs or alcohol when they are injured. ■

DISCOVER A TREASURE

Still seeking the mythical practice of your dreams? It may be closer than you think.

You can be part of a system that provides full healthcare delivery and still respects the roles of individual physicians. Reward yourself with a practice that allows you to focus on your patients, with as much input into operational issues as you wish. Choose from a variety of practice settings, all with outstanding call schedules. Academic affiliations are available.

These gems are located in a safe, flourishing community which offers a rich lifestyle. Its vibrant and diverse cultural blend is reflected in unique, affordable homes and annual festivals. Beautiful parks and lakefronts are host to a spectacular array of social and recreational opportunities.

We need Family Practice, Internal Medicine, and OB/GYN physicians to share in the riches. To learn more about these rare opportunities, contact Aggie Koss, James Russell, Inc., PO Box 427, Bloomington, IL 61702-0427. 800-822-2566 ext. 226.

MILWAUKEE, WISCONSIN

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high-quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urgent Care
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“When I was handed a **summons**, I went numb. Without ISMIE concentrating on my case, I would have had a hard time **concentrating** on my patients.”



Anger. Helplessness. Self-doubt. Considering the emotional upheaval a malpractice action creates, it helps to have an insurer that puts physicians' needs first. That insurer is the Illinois State Medical Inter-Insurance Exchange. We assign a team of experts to every case, including claims analysts, physician specialists and the best medical malpractice defense attorneys in the state. Whether your claim goes to trial or is settled, your team is there to support you with an aggressive strategy to achieve the best possible outcome. So take care of your patients. And let ISMIE take care of you. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

05/01/95

Rural Health
Association
honors ISMS
member

PAGE 2

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • APRIL 21 1995



Drug companies
reach out
to consumers

PAGE 8

Suit challenges constitutionality of H.B. 20

CAP: Plaintiff attorneys
attack Illinois' new law.

BY KATHLEEN FURORE

[CHICAGO] A hearing to determine whether a legal challenge to H.B. 20 can proceed is now scheduled for May 1, according to the Cook County Circuit Court clerk's office. The hearing has been rescheduled twice. The suit was filed by Illinois plaintiff attorneys on behalf of five Illinois taxpayers on the same day Gov. Jim Edgar signed H.B. 20, Illinois' new tort reform legislation. The measure includes a \$500,000 cap on noneconomic damage awards, indexed to inflation.

"We knew they were going to do this," said ISMS General Counsel Saul Morse. "A taxpayer suit isn't uncommon. It's just a device to get into court as soon as possible in an attempt to prevent taxpayer dollars from being spent in an allegedly inappropriate way." If the court rules that the case may progress, "it is a determination of nothing except that they can file suit," Morse explained.

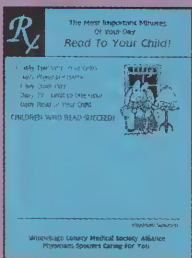
At issue is whether taxpayer funds can be used to implement the new statute. The claims of unconstitutionality include the allegation that the law lacks a rational basis for any legitimate governmental purpose.

"The current civil justice system consistently and fairly compensates injury victims as determined by the facts and evidence of each case rather than utilizing an unreasonable and arbitrary predetermination," the complaint said. In addition, the plaintiffs contend there has been no significant increase in the average size of verdicts or in the percentage of verdicts for injured citizens. "Total direct costs of the malpractice system represent less than 1 percent of the overall health care costs in the United States," according to the suit. "Therefore, there is no plausible reason to suggest that the juries in Illinois are 'out of

(Continued on page 13)

INSIDE

Winnebago County
alliance helps
physicians
prescribe reading



PAGE 15

Lawmakers act
on health care
legislation



PAGE 3

Council monitors
mental health
issues

PAGE 2

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update6

Classifieds11

Tort reform law strengthens affidavit of merit requirement

LEGAL ISSUES: Defense attorneys are optimistic about the provision's impact on medical malpractice cases. BY MARY NOLAN

[CHICAGO] Defending physicians in medical malpractice suits will be easier under a provision in Illinois' new tort reform law, H.B. 20, which tightens the state's existing affidavit of merit requirement, according to Chicago-area defense attorneys. The new provision requires plaintiffs to provide the name and address of the physician or other health care professional who reviews a case and certifies its merit. This change in state law will eventually decrease the number of malpractice suits filed against Illinois physicians, the attorneys contend.

The new law helps "me and other defense lawyers determine whether a physician is knowledgeable or has experience," said Fred Grossman, an attorney with Clausen, Miller, Gorman, Caffrey & Witous in Chicago.

Prior to the passage of H.B. 20, state law required plaintiffs to attach to lawsuits an affidavit and a report detailing valid reasons for the cases to be filed. Included in the affidavit and

report was a certificate from a reviewing physician attesting to the merit of the action, according to ISMS General Counsel Saul Morse. State law did not mandate that physicians' names be revealed on the affidavit. But a certificate of merit should be filed by a physician who is knowledgeable and experienced, and under the previous law, defense attorneys had no way of knowing if the reviewing physician was qualified in the area of medicine at issue in the case, Morse added.

But under the new law, that confidentiality no longer exists. The physician's name and address will be listed on the affidavit of merit. "This will enable us as defense attorneys to challenge the certificate of merit," Grossman said. If the physician is not considered knowledgeable, "we can then challenge the accuracy of the doctor's report and the accuracy of whether there is a reasonable meritorious cause for filing [the lawsuit]."

In the past, there have been instances in which

(Continued on page 10)

SERIES

Marketplace steers doctors toward POs and PHOs

CHANGES: Science and business merge. BY JANICE ROSENBERG

[CHICAGO] The pressure is increasing for doctors to form physician organizations and physician hospital organizations, according to Sandra Gill, president of Physician Management Resources Inc. in Westmont and a participant in ISMS' Consultant Referral Service. That pressure is being exerted by employers concerned with their workers' health care benefits and a marketplace trying to contain costs, Gill said during a March 11 presentation during the 10th Annual Meeting of the ISMS Hospital Medical Staff Section.

"The biggest mistake physicians [can] make is to think too small," Gill said. "They get tied up in little issues and miss the big picture. They quibble over the adverbs in their organization's bylaws but aren't able to state their philosophy of governance."

To avoid that pitfall when they form POs or PHOs, physicians should consider that the

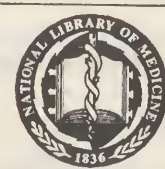


During the ISMS Hospital Medical Staff Section's annual meeting last month, Sandra Gill, a participant in the Society's Consultant Referral Service, discusses the increase in POs and PHOs.

solo practice mentality may not be effective in such organizations, she said. But accepting this change is difficult for many doctors. "In forming organiza-

tions, we're trying to merge the cultures and values of science with those of business, and those are two profoundly dif-

(Continued on page 15)



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Rural Health Association honors ISMS member

[EFFINGHAM] Orlan Walter Pflasterer, MD, a Coulterville general practitioner, was named Practitioner of the Year by the Illinois Rural Health Association at its Sixth Annual Conference March 22-23 in Effingham. The award recognizes Dr. Pflasterer's leadership and contributions in providing health care services to area residents.

"It was a great surprise for me to receive this award," said Dr. Pflasterer, an ISMS member. He added that he was especially pleased to be singled out for recognition because there are so many other deserving physicians.

In nominating Dr. Pflasterer, Sparta Community Hospital officials applauded his lifetime commitment to medicine and his patients. "Today, he sees patients when they need medical care and continues to make house calls," the nomination form said. Some physicians may turn patients away for one reason or another, but "Dr. Pflasterer has never considered such a course," the nomination continued.

Hospital officials also cited his commitment to maintaining continuity of

care in the community, demonstrated by his support of a new physician in town. "In an era when physicians' practices are becoming so businesslike, Dr. Pflasterer still practices in a common, down-home type of environment."

After earning his medical degree in 1954 from the University of Illinois' School of Medicine in Champaign, Dr. Pflasterer went to work for a doctor who was recovering from an illness in nearby Coulterville. When that physician died, he left the practice to Dr. Pflasterer. Until the early 1970s, most of the babies born in the area were delivered by Dr. Pflasterer and another physician, Carl Schlagerer, MD.

Dr. Pflasterer participates in many community organizations and activities, including ISMS, the Randolph County Medical Society, the St. Clair County Medical Society, the Randolph County Mental Health Board and Randolph County emergency management training. He is also a past president of the Southern Illinois Medical Association.

Coulterville is not only the location of Dr. Pflasterer's practice, but his home as well, he said. "I like what I'm doing and intend to stay there a little longer if I can."

Council monitors mental health issues

The ISMS Council on Mental Health and Addiction serves as ISMS' source of information about issues related to mental health. Council members maintain regular contact with representatives of health care institutions, health agencies and organizations, professional associations and state agencies that deal with mental health, said H. Constance Bonbrest, MD, council chairman. Dr. Bonbrest said her role as council chairman has "broadened her view of statewide activities regarding chemical dependency programs and psychiatric services."

For several years, council members have raised concerns about behavioral health and treatment programs throughout Illinois. One such program is administered by the Illinois Department of Central Management Services for state employees, Dr. Bonbrest said. MEDCO Behavioral Care Systems Corp., which was formerly known as Biodyne, is a managed care company that currently holds the contract with the state to provide substance abuse and mental health services to some 300,000 employees and retirees, she added.

The council invited MEDCO representatives to a meeting to discuss the program in late 1994. Council members talked about the company's use of psychiatrists and allied health practitioners, its referral and appeals process and the procedure for communicating a proposed treatment plan to primary care providers and specialists. "There needs to be better communication in contacting primary care physicians on follow-up treatments with patients," Dr. Bonbrest said.

In response, a physician representative of MEDCO attended the council's Jan-

uary 1995 meeting and answered questions. The representative said the company is committed to quality care and has been receptive to the council's suggestions about the utilization of services, according to minutes of the meeting.

Council member Alex Spadoni, MD, a Joliet psychiatrist, said participating on the council has assured him and other ISMS members that the "interests of practicing psychiatrists are represented by organized medicine." In recent years, the welfare of mentally ill and chemically dependent patients has been more aggressively and effectively represented by ISMS and other professional associations, he said.

Dr. Spadoni credited the council with participation in several successful efforts, such as the development of the Illinois Mental Health and Confidentiality Act and the pursuit of a more active role for physicians in managed care programs. "The Confidentiality Act was created in the late 1970s to reaffirm the privacy of psychiatrists when treating mentally ill patients in hospitals." The act ensures that only psychiatrists with the necessary training and experience can admit and treat patients in hospitals, Dr. Spadoni added.

The council is currently reviewing the behavioral health programs being developed for Medicaid by the Department of Mental Health and Developmental Disabilities and Department of Alcoholism and Substance Abuse. The council is also working with DMHDD to implement the mental health carve-out for Medicaid. In addition, the council acts as a liaison to DMHDD and reviews legislation proposed in the General Assembly. It also provides input about the rules promulgated by state departments such as DMHDD and DASA. For example, the council recently examined drafts of new guidelines issued by the mental health department, Dr. Spadoni noted.

Whether council members are reviewing legislation, developing mental health and addiction guidelines for a managed care environment or communicating with state agencies and professional organizations to develop minimum levels of care, they help ISMS by addressing some of the difficult issues in the mental health field.



CHIN strategic planning process under way

[LOMBARD] During a March 23 address to the local chapter of the Healthcare Financial Management Association, Harold L. Jensen, MD, board chairman of the Metro Chicago Community Health Information Network, discussed the progress to date on the high-tech computer system.

"The strategic planning process is now under way and will provide further direction for the CHIN, verify and modify current business assumptions and ensure that the CHIN is a viable concept," said Dr. Jensen. Market research, pricing and CHIN implementation are key components of the plan.

The Metro Chicago CHIN was established 18 months ago by ISMS and the Metropolitan Chicago Healthcare Council to maintain and improve the quality of care provided to patients and reduce overall administrative costs. When operational, the CHIN will function as an integrated computer network linking physicians, hospitals, employers, payers, laboratories, pharmacies, nursing homes and other parties to facilitate a rapid exchange of clinical and payment information. ISMS and MCHC are equal partners in the venture. Dr. Jensen, ISMIE board chairman and an ISMS trustee, is one of seven ISMS representatives on the CHIN Board of Directors.

During his speech, Dr. Jensen said the CHIN board expects to begin initial site implementation at six hospitals in May. The first hospitals to go on-line will include large and mid-size institutions as well as small community facilities, he said.

As the CHIN implementation moves forward, the board will focus on establishing physician links, Dr. Jensen stressed. "Physicians are key to the successful implementation and functioning of the CHIN now and in the future. The goal of improving patient care requires physician participation."

By using the CHIN to access information about patients' insurance plans, physicians will be able to help patients



Dr. Jensen

understand and deal with insurers' coverage limitations and utilization review requirements, Dr. Jensen said. "The Metro Chicago Community Health Information Network is an exciting and evolving concept coming to life at a rapid rate. It is the largest, most ambitious project of its kind proposed so far, and it has the potential to change the way we practice medicine."

PHYSICIAN FACTS

States ranked by percentage of survey respondents who said they were in good to excellent health

Top 5

Alaska	91.6
New Hampshire	90.8
New Jersey	90.8
Iowa	90.7
Washington	90.5

Bottom 5

Tennessee	81.5
Arkansas	80.3
Kentucky	79.9
Mississippi	78.4
West Virginia	76.6

Illinois 87.4

Source: Centers for Disease Control and Prevention

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Lawmakers act on health care legislation

BY MARY NOLAN

Optometrists' scope of practice

ISMS and the Illinois Association of Ophthalmology are strongly lobbying against legislation pending in the House that would allow optometrists to use and prescribe therapeutic drugs. The bill, S.B. 185, would amend the Illinois Optometric Practice Act of 1987 and expand optometrists' use of ocular pharmaceutical agents to include therapeutic treatment of patients.

Specifically, S.B. 185 would enable optometrists to perform any nonsurgical procedure taught in optometry schools. In addition, optometrists would be able to treat medical diseases of the eye, such as glaucoma, infections and inflammations. However, glaucoma is recognized in medicine as one of the most difficult eye diseases to diagnose and manage.

ISMS and IAO opposition to the bill is based on patient care issues. The two organizations believe that optometrists lack the extensive medical training that ophthalmologists receive.

Bill supporters contend that allowing optometrists to perform the expanded functions would increase access to eye care. But two-thirds of Illinois optometrists practice in the Chicago metropolitan area, and 20 percent of Illinois counties lack diagnostic optometrists, according to an ISMS memo distributed to legislators. In addition, the bill does not guarantee that underserved areas in the state would ever benefit from the proposed therapeutic optometrists, the memo said.

Optometrists have tried to pass legislation similar to S.B. 185 for seven years.

Parental notification

By a vote of 81-29, the House passed a bill April 5 that would require physicians to inform an adult family member if a girl under 18 sought an abortion. The bill, H.B. 955, defines an adult family member as a "person over 21 years of age who is the parent, grandparent, stepparent living in the household or legal guardian."

A compromise bill, H.B. 955 requires that physicians notify an adult family member 48 hours before an abortion is performed. The measure would allow a notification waiver to be granted if a girl submitted a signed notice from an adult family member or in medical emergencies. Waivers would also be granted if a girl signed a notice declaring that she was a victim of neglect or sexual or physical abuse by a family member, according to the legislation.

Doctors who willfully and knowingly performed abortions without the required notification would be fined by the Illinois Department of Professional Regulation's Medical Disciplinary Board, according to the bill. Physicians would face fines of \$1,000 for the first offense and \$5,000 for subsequent violations. ISMS was instrumental in drafting bill language that granted the Medical Disciplinary Board the authority to levy fines against physicians for such violations. Earlier versions of the bill included civil and criminal penalties. H.B. 955 is now in the Senate awaiting consideration.

Last month, the Senate passed S.B. 836, a parental notification bill sponsored by Sen. Kirk Dillard (R-Downers Grove) that would permit the attorney general or

state's attorney to pursue court action against physicians who failed to meet notification requirements. Physicians who failed to obtain required notification would also be subject to civil penalties of \$1,000 for the first offense and \$5,000 for subsequent offenses. The bill is more limiting than H.B. 955, since it would allow for notification of only parents or legal guardians. ISMS opposes the penalty provisions in S.B. 836.

Also in the Senate is a more stringent measure, S.B. 1100, sponsored by Sen.

Edward Petka (R-Plainfield), that would require underage patients to provide physicians with written consent from a parent or a legal guardian before receiving an abortion. Physicians who intentionally circumvented the law would be charged with a Class A misdemeanor. ISMS also opposes the penalty provisions in this bill.

Psychotropic drugs

A bill on Gov. Jim Edgar's desk would

(Continued on page 13)

Call to action

To prevent passage of S.B. 185, ISMS urges ophthalmologists and all physicians to contact their state representatives. Explain why S.B. 185 would be harmful to patients and fail to improve access. If you aren't sure who represents you, call ISMS' governmental affairs division at (800) 782-ISMS or (312) 782-1654. To contact representatives at the Statehouse, call (217) 782-2000. ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

APPROACHES TO SOCIAL SITUATIONS THAT PROLONG HOSPITAL LENGTH OF STAY

Not infrequently, physicians are faced with managing the cases of patients who are clinically ready for hospital discharge, but who present "social barriers" that complicate or delay the discharge process. The potential situations responsible are many, but include such things as: the non-availability of a bed in a skilled nursing facility (SNF), lack of a caretaker or support person at home - or perhaps no home to return to, no transportation, or simply patient refusal to leave the hospital. Such situations are compounded by the fact that continued insurance coverage for the acute care setting is not available, as the criteria of intensity of service or severity of illness are no longer met. Unfortunately, in these situations, some patients will end up with a termination of benefit for continued stay, forcing them to either assume financial responsibility for the hospitalization or to leave under suboptimal circumstances.

The best approach to managing these situations is prevention, and the key to prevention is the early identification of patients at risk. To achieve this goal, it is recommended that a discharge planning assessment be arranged on every patient within 24 hours of hospital admission. For patients electively admitted, the assessment might even be done before admission. Important aspects of such an assessment include:

- education of the patient and the family regarding the diagnosis, prognosis, course of therapy and the anticipated functional status and support needs at the time of discharge.
- an interdisciplinary approach, involving - as needed - the attending and consulting physicians, a social worker and/or case manager.
- clarification of the patient's insurance coverage for potentially necessary services such as SNF, home care or durable medical equipment, and communication of this to all parties.
- close monitoring of the discharge needs and plan throughout the hospital stay.

In developing appropriate treatment and discharge plans, clinicians also need to assess early on any unique needs of the patient based on such factors as age, cultural background and socioeconomic status. Identifying to all involved the important issues and potential discharge barriers for the patient early in the hospital course will allow the best opportunity for a smooth transition to post hospital care.

In some circumstances, however, such an early or preventative approach may not occur, resulting in the problem surfacing near the end of a hospital stay. Here, the situation is clearly difficult, and rarely resolved to the satisfaction of all parties. Nonetheless, certain steps can be taken to try to resolve the situation. First, it is important to immediately institute a comprehensive discharge plan, following the model outlined above. The efforts of a social worker are critical, in that all available options - such as an alternate SNF if no bed is available at one initially identified, the temporary placement of a home health aid if there is no in-home caretaker, or other relevant community services - must be readily identified and explored. For patients in a managed care plan, a discussion with an appropriate contact at that organization is also useful, to define the patient's needs and investigate any resources or other options available through the plan. Finally, an understanding and positive attitude on the part of the attending physician about the need to conserve health care resources will facilitate the corporation of the patient and his/her family with the discharge process.

(Issue: 04/21/95 - ALW)

Illinois Medicine

VOLUME 7, NUMBER 8

APRIL 21, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Alan M. Roman, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

Alfred J. Clementi, MD

Richard A. Geline, MD

Raymond E. Hoffmann, MD

Jane L. Jackman, MD

Harold L. Jensen, MD

William E. Kobler, MD

David B. Littman, MD

Sandra F. Olson, MD

Janis M. Orlowski, MD

Erlo Roth, MD

Arthur R. Traugott, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

The power of the press

The press has power. Through newspapers, magazines, radio and TV, the public is bombarded by a mind-numbing amount of information. And that information can have a profound effect on people. It can uplift them, educate them, amuse them – and scare them.

One recent story that received a lot of press was about a man in Tampa who was scheduled to have his right leg amputated as a complication of diabetes. According to most accounts, his “healthy” left leg was mistakenly removed. But eventually a story in the Wall Street Journal provided a few more facts from the chief of staff at the treating hospital, who also happened to be a diabetes specialist. He said the patient suffered from progressive vascular disease in both legs. The left leg was actually further deteriorated than the right one, according to some tests, and its arteries were 90 percent occluded. The so-called healthy leg did not look normal and would soon have had to be amputated.

Of course, removing a leg other than the one designated for amputation was a very serious mistake. But rather than report the complete story with all the pertinent facts, most of the media covered only the most alarming aspects of the case.

Other recent news focused on a study presented at the American Heart Association's Conference on Cardiovascular Disease Epidemiology and Prevention. The media picked up the research results,

reporting that calcium channel blockers increase the risk of myocardial infarction in patients being treated for hypertension. An Associated Press story said: “Six million Americans who are taking a class of drugs to lower blood pressure may instead be increasing their risk of heart attacks by 60 percent.” After reading such accounts, many patients feared they risked heart attacks and either stopped taking their medication or called their physicians and asked to be switched to beta blockers and diuretics.

The study in question was actually an abstract based on an observational, retrospective case analysis of enrollees in an HMO, according to a physician interviewed for the feature story in this issue. The analysis and methodology that were used failed to distinguish the effects of the underlying disease from those of drug therapy.

When a story is reduced from an in-depth peer-reviewed study reported in JAMA or the New England Journal of Medicine to 10 inches or a sound bite in the daily media, obviously something has to go. Unfortunately, relevant, critical facts are sometimes sacrificed or unreported so that the more sensational aspects can be expanded. Or the media uses information provided by some headline-seeking groups without placing it in context or supplementing it with more facts. So, too often, our patients are forming judgments without having key information. The power of the press needs to be balanced by responsibility. ■

PRESIDENT'S LETTER

Batteries not included

Alan M. Roman, MD



The dreams you plan can come true, and if you live the life you've imagined, you can do almost anything.

April brings showers responsible for May flowers. April also brings the weekly updated President's Tour calendar of events, which has determined my destiny this past year. The schedule, once covering 24 pages, is now just one. And if I needed any reminder that organized medicine is fluid, I recently had one. Screaming for attention was the entry for April 5 at 10:45 a.m., which said “Dr. Hoffmann to Leave for Photographic Studios.” The time had come for Dr. Hoffmann to prepare for his presidential year.

Twelve months and 24 “President's Letters” ago, I was elected your leader and assumed the attendant responsibilities. This past year has been an extraordinary experience. Today is a bittersweet time to let go and to acknowledge that the honor is in serving.

I couldn't have asked for a better year. Through your efforts and those of countless others, a cap on noneconomic awards has become a reality. Although the cap faces a constitutional challenge and its full effects will not be apparent for some time, your Society put the interests of patients first. By developing a management services organization, ISMS is responding to managed care, strengthening the doctor-patient relationship and protecting quality of care.

While I was more than adequately prepared for the challenge, the magnitude of the commitment was unanticipated. I kept up my part of a large surgical practice and yet fulfilled countless organizational responsibilities, while finding time for daddy-daughter date night (remember that?) and space camp with Justin. And I continued to do my pre-dawn jog, a source of discovery and reflection.

I've crisscrossed the state meeting with individuals and groups to express your viewpoints. Talking with reporters from newspapers around the state and being interviewed on countless TV and radio programs, I devoted most of my time to representing you. I found the media demanding but fair. I've learned that people tend to stand where they sit, that not everything that counts can be counted

and that not everything that can be counted counts.

I enjoyed writing these President's Letters. Composed by heart and head, they attempted to give new insights into many of life's familiar mileposts. I learned that people may not share the same experiences, but most share the same feelings and emotions. The increased attendance at President's Tour stops and the positive feedback I received indicated that we felt comfortable together and had a mutual understanding.

Thank you for your hospitality, your insights and the privilege of representing you. When the demands on my time increased, your encouragement kept me going. My thanks extend also to your president-elect and our capable Board of Trustees.

Justin recently reminded me that soon we'll have more time together. I look forward to nights at home without the constant phone calls, faxes and express mail that go with the position. Linda, Justin and Lindsay were instrumental in maintaining my enthusiasm and sanity. I'm coming home to a family that will sacrifice pride in my achievements in organized medicine for my physical presence.

I've always believed the dreams you plan can come true, and if you live the life you've imagined, you can do almost anything. By making sound choices, by maximizing our talents and by asking others to make only those sacrifices we ourselves would make, we can balance our dreams with our potential.

Remaining true to my ideals, I've always tried to do better than what others feel is necessary. As one whose affection for this society is obvious, I have given it all my energy and enthusiasm and have truly done my best. If I fell short of your expectations, I ask your forgiveness.

I cherish the great honor of serving as your president during this time of your most significant accomplishments. The office now belongs to Dr. Hoffmann. The batteries are not included. ■



"I can't imagine why Dr. Lemberg wanted me to bring in one of my stools."

Quotables

"For a long time, lawsuit abuse has been a problem much like the weather: Everyone talks about it, but no one does anything about it. That has changed dramatically since the Republican takeover of Congress, which signaled a sudden and welcome decline in the political influence of personal injury lawyers and self-styled consumer advocates."

— **Chicago Tribune editorial**

"Every lawyer who isn't going to be guilty of malpractice will want to have their lawsuit on file. The best way to represent your client is to file your lawsuit under the most favorable conditions, and the most favorable conditions are before the bill goes into effect."

— **Rex Carr**, a personal injury lawyer in East St. Louis, on the rush to file lawsuits in Illinois before H.B. 20 became law, St. Louis Post-Dispatch

"I've got four boxes of lawsuits."

— **Preston Chandler, MD**, a Dallas plastic surgeon who estimates he and his malpractice insurer will spend nearly \$1 million defending him in breast implant suits, Wall Street Journal

"Living in terror at the thought of a \$100-million lawsuit is something that leaves a mark on everyone."

— **spokesperson for U.S. Rep. Jon Christensen (R-Neb.)**, on why Christensen supports limiting medical malpractice suits, USA Today

"Easy technological fixes to hard problems are usually illusory. Solutions to hard problems, like the explosive growth of medical costs, will themselves be hard and painful."

— **Henry Aaron**, the Brookings Institute, Houston Chronicle

"It's absolutely foolish to think that you can simply train people in medicine and not think about the economics surrounding us. If we don't prepare tomorrow's doc-

tors to provide the cost-effective care that the public wants, they're going to have a very difficult time of it."

— **Morton Madoff**, Tufts University Medical School, Wall Street Journal

"We're the people who provide the care. We would like to have some control over our own destiny."

— **Rosario Romano, MD**, a board member of the Long Island Physician Holdings Corp., which is planning a physician-owned HMO, New York Times

"The system works best when insurance companies and doctors are partners. Relationships with doctors are fragile and need to be carefully tended. Living together in a happy marriage doesn't come by accident."

— **William Roper, MD**, chief medical officer of the Prudential Health Care System, New York Times

"Any time there's a duplication of networks, there's a problem of whose network is going to prevail. If they take all the doctors, the network might be too big [and inefficient]. If they change the panel of doctors, it creates confusion among purchasers and consumers."

— **Helen Darling**, manager of health care strategy and programs for Xerox Corp., Wall Street Journal

"While there is always room for improvement — which the FDA contends it has been doing — FDA critics are themselves overzealous and, in some cases, self-serving. The new forces in Washington must be cautious about dismantling or emasculating the agency, at least as long as it continues its own efforts to face the new challenges successfully."

— **Chicago Sun-Times editorial**

"There is little question that the approval of new medical technologies in the United States is too slow, too expensive and too arbitrary."

— **U.S. Rep. Joe Barton (R-Texas)**, on congressional consideration of an overhaul of the Food and Drug Administration, Associated Press

GUEST EDITORIAL

Losers weepers: Who should pay when a lawsuit is an injustice?

By Stephen Chapman

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

If I dump an unwanted load of garbage, sand, toxic waste, manure or anything else that constitutes a nuisance on your doorstep, you have a right to sue and force me to pay for all the trouble and expense I've put you to. Unless, that is, I dump a legal summons, in which case the trouble and expense all come out of your hide, not mine. You can win the lawsuit I've filed and go bankrupt; I can lose and be out only a minimal amount.

Plaintiffs' lawyers, who make a living suing people, think corporations should be held strictly accountable for the injuries caused by their goods and services. If a pill harms someone, the manufacturer ought to compensate the injured person, even if the pill helped millions of others. There is considerable merit in this approach, at least within reason, because it forces companies to take great pains not to hurt anyone.

But by the same logic, suggests legal author Peter Huber, lawyers ought to be liable when they injure someone by filing an unjustified lawsuit. If a suit wins, they should be entitled to collect not only damages from the wrongdoer but the cost of suing him; if a suit loses, they should have to repair the damage wreaked on an innocent party.

If it makes sense to discourage bad products by making manufacturers pay, doesn't it make sense to establish similar incentives against bad lawsuits? "Why shouldn't lawyers be held to the same account as doctors, products manufacturers and all the other people they want to sue?" asks Huber.

That's the question underlying one large piece of the House Republicans' civil litigation reform plan — known as "loser pays." In its original form, it established a simple rule, followed to one extent or another in most of the world: If you lose, you pay the other side's attorneys' fees, up to the level of your own. The Association of Trial Lawyers of America objected on the grounds that this would "close the courthouse door" to sound and flimsy cases alike, since most people can't risk having to pay a large award if they lose.

Now it is refreshing to hear personal injury lawyers admit that expansive liability can deter not only wicked but virtuous conduct — just as it deters both good and bad contraceptives and good and bad vaccines. But they have a point. Most of us would hesitate to sue, even over a substantial injury, if we had to bet our home and life savings on the

outcome. Many injustices might go uncorrected.

So the House scaled this provision back. Under the measure passed on Tuesday, a plaintiff would have to pay only if he rejected a settlement larger than the eventual award given by a jury.

Suppose X sues Y for \$50,000, Y offers to pay \$40,000, X insists on going to trial and a jury awards X \$30,000 — or rules against him entirely. X would have to pay Y's legal fees, but only from the time the offer was refused. Likewise, if a plaintiff offered a settlement and the defendant declined, the defendant would end up on the hook if he lost in court.

This approach removes most of the plausible worries about "loser pays," since it exposes the person suing to no financial risk unless he gets and refuses a settlement offer. People who have been injured wouldn't be deterred from seeking compensation. They would only be discouraged from wasting a court's time —

and society's resources — once they have received a reasonable offer.

The real beauty of this approach is that it gives both defendants and plaintiffs strong new incentives to make and accept reasonable offers early in the process, instead of fighting over every issue to the bitter end. If a claim has a serious chance of winning a \$50,000 jury award, a defendant would be foolish to offer \$5,000 — and could expect to pay handsomely for his obstinacy.

The pressure on both sides would be to converge at a sane middle ground, not to stake out extreme positions far apart. Frivolous suits would be discouraged — as well as frivolous defenses.

The trial lawyers' group portrays any change in the status quo as a heartless attack on the rights of ordinary citizens. But this one would improve the lot of the victims. Currently, many comparatively minor injuries go uncompensated because lawyers, who generally are paid a share of the jury award, can't make enough to justify their time. If the injured person could collect for his attorneys' fees as well as damages, more lawyers would be willing to handle modest claims.

The bill approved by the House is the sort of reform that would reduce litigation without promoting hazardous products. Reducing litigation would be a boon not only to defendants but to legitimate plaintiffs, who would be better off getting quick compensation than enduring the ordeal of a lengthy court battle.

The only people who would be worse off are those with dubious claims — and their lawyers. This version of "loser pays" would reward sensible behavior, something our legal system could use more of.

Lawyers ought to be liable when they injure someone by filing an unjustified lawsuit.

*Tort reform
law strengthens
affidavit
of merit
requirement*

PAGE 1

ISMIE Update

**Advanced
workshop
for office
managers
scheduled**

PAGE 7

ISMIE Clinic Option offers group discounts

SERVICE: The 100th physician group just signed up for this policyholder benefit. BY KATHLEEN FUREORE

[CHICAGO] ENT Surgical Associates in Joliet recently became the 100th physician group to convert its individual medical malpractice policies to the ISMIE Clinic Option. The group of three physician members and one independent contractor joined the program because of the potential savings on their professional liability insurance premiums.

"We're very happy because it's an excellent policy, and our savings have been substantial," said Yvonne Stenemeyer, the business administrator for ENT Surgical Associates.

ISMIE introduced the clinic option in 1988 to reduce the costs and hassles of obtaining professional liability coverage for the growing number of physicians in group practices, said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors. "ISMIE created

the clinic option so that physicians in group practices that are organized as corporations, partnerships or other legal entities could get reliable malpractice insurance coverage for less money than they would pay individually."

Physicians enrolled in the clinic option program also have the convenience of being insured under one policy, eliminating the need for multiple bills and statements, Dr. Jensen added.

In evaluating whether groups of two or more physicians qualify for the program, ISMIE considers such underwriting factors as the group's loss experience and the condition of the clinic premises. Based on the underwriting criteria, groups are eligible for premium credits of up to 40 percent.

Groups that fail to meet key underwriting criteria or that have worse loss experience than

expected, however, may be assessed premium debits.

Under the clinic option, physicians may select individual coverage limits of \$1 million or \$2 million, which is the maximum payable on behalf of any one physician for injuries sustained by a patient. All physicians in a group must carry the same individual limit. The group's aggregate liability limit—the maximum amount payable on behalf of all insureds for all claims or suits reported during the policy period—is based on the number of physicians in the group. Aggregate limits begin at \$5 million.

"With the clinic option, physicians in any size group practice can get comprehensive, cost-effective coverage from a reputable insurer," said Dr. Jensen. "This program is just one example of how ISMIE puts its physician policyholders first." ■

New York physician faces jail time

OUTRAGE: Physicians around the country are rallying to protest a criminal conviction and harsh malpractice sentence. BY KATHLEEN FUREORE

[LAKE SUCCESS, NY] A U.S. District Court in New York has granted a stay in the case of Gerald Einaugler, MD, a Brooklyn internist convicted of reckless endangerment and willful neglect in 1993 for delaying the 1990 hospitalization of a nursing home patient on whom he had mistaken a dialysis catheter for a feeding tube. Dr. Einaugler had been scheduled to begin serving his sentence of 52 weekends at Riker's Island prison on March 25. But the stay has postponed that sentence. A hearing on the case is set for April 28, according to a spokesperson for the Medical Society of the State of New York.

"This case is dreadfully impor-

tant," said Morton Kurtz, MD, immediate past-president of MSSNY. "We think that the charges of neglect are so outlandish and that the jury was led on in such a way that the federal court will overturn the conviction. The stay gives us hope that justice will be done by the federal court, since it wasn't by the state."

Physicians nationwide have rallied to help the convicted physician. The state medical society, the Medical Society of Kings County, the New York State Society of Internal Medicine and the AMA filed an amicus brief with the appellate division of the New York State Supreme Court in support of Dr. Einaugler's efforts to have

the conviction overturned. Physicians "should not be subject to criminal prosecution under the state's Public Health Law for decisions resulting from the exercise of clinical judgment, [and] the portion of the law defining 'neglect' is unconstitutional because of its vagueness, both on its face and as applied to criminalize the exercise of clinical judgment by physicians," the brief stated.

The case centered on a 10-hour period after nurses informed Dr. Einaugler on a Sunday morning that the patient had been receiving food through a catheter, not a feeding tube, according to informa-

(Continued on page 7)

MALPRACTICE ROUNDUP

Hospital found negligent for discharging patient whose insurance ran out

A North Carolina appeals court recently ruled that a hospital was negligent for discharging a teen-age patient when his insurance coverage expired, according to a story on Muse vs. Charter Hospital in Medical Malpractice Law & Strategy.

The patient ultimately died from a drug overdose.

The teen had been receiving inpatient treatment for depression and suicidal tendencies for about a month when his insurance coverage ended on July 12, 1986, the article said. His physician requested that the patient remain hospitalized until results were available from a blood test scheduled for the next day.

The physician needed the test results to determine the dosage of medication the patient should take at home.

The hospital discharged him on July 14, a day before his test results were returned. Two weeks later, he ingested a fatal dose of one of his medications.

At trial, the court instructed the jury that a hospital is under a duty not to use policies or practices that interfere with a physician's ability to exercise sound medical judgment. The jury found the hospital negligent for engaging in such a practice. The hospital argued that the trial court "erroneously instructed the jury on a theory of hospital liability that does not exist under North Carolina law." But the trial court decision was upheld on appeal.

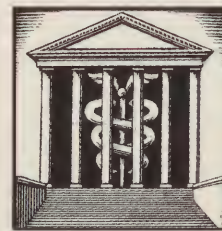
Based on its review of the duty of care owed to patients under state law, the appellate court ruled that hospitals "have a duty to make a reasonable effort to monitor and oversee the treatment prescribed and administered by doctors at the hospital." The court also said hospitals have a duty to follow a physician's instructions, provided they aren't obviously negligent or dangerous.

Testimony from hospital employees and outside experts helped establish that the institution had discharged the patient because his insurance had expired, the article said. ■

Physician plaintiff wins \$2 million

A physician who received a heart transplant one year after undergoing allegedly negligent valve replacement surgery received \$2 million in a case heard before the New York Supreme Court. In 1990, the physician experienced cardiac arrest two days after a surgeon replaced her aortic valve with a porcine valve, according to a summary of White vs. New York Hospital reported in the March 20 issue of the National Law Journal. The physician-patient sued, claiming damage from the initial operation necessitated the transplant.

During subsequent surgery, doctors discovered that the valve had been improperly placed and obstructed the patient's left main coronary artery. The plaintiff's attorney argued that the patient's heart damage was caused by the incorrect valve placement and the two-day lapse in detecting the problem. New York Hospital agreed to the \$2-million settlement on Feb. 8, after 12 days of trial, according to the report. ■



New York physician

(Continued from page 6)

tion from MSSNY. At trial, Dr. Einaugler testified that he called the patient's nephrologist at 6:30 a.m., as soon as he learned of the error. According to Dr. Einaugler, the specialist indicated that it was not an emergency situation, because the patient was stable. Dr. Einaugler testified that he saw the patient at 7 a.m. and 2:30 p.m. that day and that she remained stable. Upon learning at 4:30 p.m. that the patient's condition had deteriorated, Dr. Einaugler said he hospitalized the woman and examined her in the emergency room. At the hospital, the patient was diagnosed with pneumonia, end-stage renal disease and severe arteriosclerosis. She later died.

Although no autopsy was performed, the medical examiner ruled that the patient's death was caused by peritonitis following infusion of liquid through a peritoneal dialysis catheter, according to MSSNY documents.

During the trial, the nephrologist testified that he had advised Dr. Einaugler to hospitalize the patient in "urgent fashion." In addition, the director of outpatient dialysis at the hospital testified that immediate hospitalization should have been ordered, the documents noted.

*Your name or mine
could be next on the
docket for actions we
have honestly taken in
treating patients.*

But defense experts testified that the patient had "mild peritonitis and that hospitalization on Sunday afternoon did not pose a substantial risk of death to the patient," the MSSNY documents stated. Further questions about the case were raised when New York's special prosecutor for nursing homes granted immunity to nurses who admitted they had destroyed clinical records about the patient's feedings.

The court found Dr. Einaugler guilty of reckless endangerment in the second degree and willful neglect of the patient in violation of the Public Health Law. Because of the conviction, he lost his hospital and nursing home privileges and was disqualified as a Medicare provider. The state Supreme Court rejected Dr. Einaugler's appeal.

The case challenges the medical profession and affects all physicians because of the dangerous precedent it sets, said Dr. Kurtz. "We knew from the first word this would be a golden opportunity for prosecutors. It is a case in which a physician's medical judgment has been called into question by headline-seeking prosecutors who are far overstepping the bounds of their office. Your name or mine could be next on the docket for actions we have honestly taken in treating patients." In fact, the Minnesota legislature may soon consider a law that would criminalize medical errors, said Dr. Kurtz.

Physicians who want to help support Dr. Einaugler's legal efforts may mail checks to the Einaugler Legal Defense Fund, % the Medical Society of the State of New York, 420 Lakeville Road, Lake Success, NY 11042. ■

Advanced workshop for office managers scheduled

ISMIE is offering an advanced workshop on office risk management targeted specifically at office managers. The interactive session focuses on developing and implementing practical risk management procedures, building on information from former ISMIE seminars.

The three-hour session will cover evaluation of office procedures, patient follow-up, medical record access and retention, telephone documentation and management of difficult and noncompliant patients. Participants should be prepared to share information about the office systems they currently use.

The workshop has been divided into three specialty-specific sessions – Ob/Gyn and family practices that provide a

large volume of Ob/Gyn care; surgery; and primary care, including family practice, general practice, internal medicine and pediatrics. Managers of other types of specialist offices should attend the workshop that most closely matches the type of care their office provides.

The Office Risk Management workshops will be held from April through mid-November at various locations throughout the state. Attendees must register by mail, since space is limited to 50 people per session. Each session costs \$10, which covers the cost of materials. For more information or to obtain a registration form, call ISMIE's risk management division at (312) 782-2749 or (800) 782-4767. ■



**"I'm glad
I was
covered by
the PBT
Long Term
Disability
Plan!"**

**("And I'm glad
I had a hand in
its design.")**

**"With the PBT Long Term Disability
Plan, I didn't have to worry..."**

"Somehow you always think it's going to happen to someone else, not you. Then I became disabled. It took two full years to recover. Thank goodness for the PBT Long Term Disability Plan. No red tape, no hassles, no deductions for Social Security or my other disability and retirement plans."

With the PBT Long Term Disability (LTD) Plan, you don't have to worry if you become disabled. Our plan pays up to \$10,000 per month if an injury or illness causes you to become partially or totally disabled. It has been designed specifically for physicians under the guidance of the physician members of the Illinois State Medical Society and Chicago Medical Society. For example, the plan pays when you become unable to perform your medical specialty. And you receive the full benefit amount without reduction for coverage you may have from other disability and retirement plans or Social Security.

Call for details

(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!



**PBT Physicians'
Benefits Trust**

sponsored by Chicago Medical Society & Illinois State Medical Society

**Individual & Group Health Care • Long Term
Disability • Term Life • Other Benefit Plans**

PBT Benefit Mini-Briefing

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but it is far more likely that you will become disabled at some point in your medical career. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62.

Maintaining your standard of living during a period of disability is an essential part of financial planning. Disability plans generally begin paying a benefit after a waiting period, usually 30-180 days. Benefits typically continue until you die, recover, or reach retirement age. You also may qualify for Social Security disability benefits after six months.

How Much LTD Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. This is because the benefits from an individual LTD plan that you purchase for yourself are not taxable. You also will not have the normal costs of working such as travel, clothes, lunches out and the like. However, the amount of coverage is a personal decision based on individual circumstances, you may choose to cover a higher or lower percentage of your income. No plan will allow you to cover more than 100% of your annual income.

For a more detailed report on this topic, call the PBT and ask for PBT Benefit Briefing Number 2.

MARKETING TRENDS

Drug companies reach out to consumers

With slick ads on TV and in newspapers and magazines, patients have information about prescription drugs at their fingertips.

BY RICK PASZKIET



Sandy Huffaker

MARKETING TRENDS

Whether it's a 30-second commercial spot on network television or a full-page ad in the Wall Street Journal, pharmaceutical companies are relying more and more on a different approach to market their prescription drugs: They're going directly to consumers. Drugmakers have developed sophisticated ad campaigns aimed solely at patients for a wide variety of drugs, including Rogaine and Proscar.

Reaction to this trend has been mixed. Some physicians believe these advertisements promote awareness and stimulate doctor-patient dialogue. Others think the ads can mislead patients. In addition, doctors are concerned that patients who see consumer ads may place undue pressure on their doctors to prescribe certain medications.

"I've had patients who have handed me a drug ad in my office and said, 'I want this,'" explained Dennis Pessis, MD, a Chicago urologist and past-president of the Illinois Urological Society. "In this type of situation, the physician has to take the initiative and tell patients why this drug may be inappropriate for them."

It's important to remember that physicians, not patients, write prescriptions, Dr. Pessis said. No matter how sophisticated an advertisement may be, the physician ultimately decides whether to prescribe a drug, he noted.

In addition, some physicians question whether consumer ads accurately describe drugs. "This is a very worrisome trend," said Joseph Perez, MD, a Rockford family physician and chairman of ISMS' Drugs and Therapeutics Committee. "Many of these ads are misleading and may not apply to the patient. The pharmaceutical company is only going to give its version of a product. The physician has to give the patient a more complete picture."

TYPICALLY, PATIENTS will have gleaned only limited information about a new drug and its potential side effects from ads. It's the physician's responsibility to fill in those gaps in patients' knowledge, Dr. Pessis said.

Other doctors have conflicting feelings about consumer advertising. "On the one hand, I support free enterprise and believe that pharmaceutical companies have the right to advertise," said Craig Backs, MD, a Springfield internist. "But many of the ramifications of these drugs are beyond the ability of consumers to understand. A quick television commercial or a glossy print ad can't possibly explain all the facts that a consumer needs to know about a certain type of medication."

"Pharmaceutical companies want to increase business, and the big pharmaceutical companies have the resources to advertise," said Charles Terzian, MD, an internist in Chicago. "Because there is no equal ground, advertising then becomes one-sided. Smaller pharmaceutical companies are left out."

But pharmaceutical companies contend that the purpose of direct-to-consumer advertising is to educate the public, not to bypass physicians. "Our company, which manufactures Proscar, takes a very selective, case-by-case approach to consumer advertising," said Michael Seggev, manager of information systems for Merck & Co. in Westpoint, Pa. "We will do a consumer ad campaign only when it is warranted. Obviously, every prescribed medication should not be advertised directly to the consumer."

"For instance, our research on Proscar showed that
(Continued on page 10)

Doctors see red over false media reports

Although doctors see some benefits to consumer advertising for prescription drugs, they have no tolerance for inaccurate information about medical issues that is disseminated to the public. Doctors faced such a situation last month when a study about calcium channel blockers received widespread media attention.

A study was presented at the American Heart Association's Conference on Cardiovascular Disease Epidemiology and Prevention. Newspaper and TV coverage said the research showed that calcium channel blockers increase the risk of myocardial infarction in patients receiving treatment for hypertension. Alarmed by these stories, many patients stopped taking their medication, even though the media reports were based on inaccurate information.

"This case illustrates that the mainstream press often gives incomplete information to the public," said Joseph Perez, MD, chairman of ISMS' Drugs and Therapeutics Committee. "First of all, this was an abstract of a retrospective analysis, and it was full of flaws. But it caused unnecessary panic in patients because of the way the press presented the material."

In fact, the abstract was based on an observational, retrospective case analysis of enrollees in the Group Health Cooperative, a staff model HMO based in Seattle. The analysis and methodology used in the abstract failed to adequately differentiate the effects of the underlying disease from the effects of drug therapy, said Charles Terzian, MD, a Chicago internist.

"The media and the people presenting this study are to blame," Dr. Terzian said. "Everyone in the press reported that CCBs are linked to heart attacks, but no one talked about the methodology and scope of the study. This is clearly wrong."

Dr. Terzian is currently involved in a National Institutes of Health study on hypertension, and he said he is concerned that the inaccurate media reports about calcium channel blockers will make it more difficult to recruit patients for the study. "Our findings might be delayed due to all this unnecessary and erroneous publicity."

What can physicians do when faced with patients who are alarmed by such reports? "You need to take a uniform and direct approach with patients when this situation occurs," said Mark Shima, MD, an interventional cardiologist in Peoria. "I sent my patients a letter that dealt with their concerns on CCBs. Because of the way the story was presented in the media, they needed some accurate information. I also told them about the possible risks of stopping their CCB medication."

As soon as Craig Backs, MD, became aware of the publicity surrounding calcium channel blockers, he contacted the general manager of a local TV station to warn him about the inherent flaws in the abstract.

"In this case, the media was irresponsible in its reporting, because the abstract was based on a nonpeer-reviewed retrospective study," explained Dr. Backs, an internist in Springfield. "We know that patients shouldn't believe everything they read in the newspaper. When a situation like this arises, the physician has to act vigorously with the relevant facts." ■

— Rick Paszkiet

Drug companies reach

(Continued from page 9)

men felt reluctant to discuss their prostate problems with their doctors," Seggev continued. "In this case, the research demonstrated a lack of knowledge and understanding on the part of the consumer. The intent of our Proscar ads was to get the patient into the physician's office to discuss this problem."

Pharmaceutical companies are also launching more consumer advertising because they say patients want more information about prescribed drugs. Consumers don't want to rely only on their physicians to provide suggestions and related facts about new medications. "Let's face it, we live in the age of information. The patient can go to the library or simply get on-line with the Internet and access everything imaginable about a particular drug," said Patrick Donohue, spokesperson for the pharmaceutical division of Bristol-Myers Squibb in Princeton, N.J. "Of course, you don't want patients prescribing their own drugs. Yet unlike 10 years ago, [today] the patient is much more involved in the process of selecting his or her own medication."

In addition, today's consumers are taking more responsibility for their own health care, said Jeff Palmer, spokesperson for the Upjohn Co. in Kalamazoo, Mich. Patients want more educational material, especially when it concerns new drugs on the market, he said. "Keep in mind that the intention of these ads is not to take the physician out of the loop.

Products are just more consumer-driven today. For instance, hair loss doesn't come up naturally in a typical doctor's visit. Our ads for Rogaine incite the consumer to action, [which] means making a doctor's appointment."

DRUG COMPANIES are increasing their efforts to involve physicians in the entire marketing process, said Doug Petkus, a spokesperson for Abbott Laboratories' pharmaceutical division in Abbott Park. For example, some drugmakers are attempting to build a consensus among physicians, Food and Drug Administration officials and even managed care groups to set the tone of ad campaigns.

"In our marketing of the high-blood-pressure drug Capoten, we recognized the importance of getting physicians involved in every stage of the ads," said Donohue. "We don't want the physician to be surprised by anything."

Warner-Lambert of Morris Plains, N.J., also sought physician involvement while producing its recent advertisements for Cognex, a drug used to treat Alzheimer patients. Before running the TV ads, the manufacturer notified physicians about its Alzheimer's Family Care System, said company spokesperson Mike Morales. "Our first priority is to prepare the physician. This means education. The main complaint from doctors about consumer ads is that they seem to appear without any advance warning. Physicians want to know ahead of time what a drug company is marketing.

"By giving physicians information

before an ad is run, we're able to help them be better prepared when it comes to answering a patient's questions," Morales added.

In fact, most physicians believe education is an essential element of overall patient care. "Because I believe so strongly in educating the patient, I view consumer ads as an opportunity to increase patient awareness and provide a good venue for information," said Katherine Wier, MD, a Chicago dermatologist. "The physician is the vessel [through] which patients are given knowledge. This doesn't necessarily mean that you let a patient push you into prescribing a drug like Rogaine or Retin-A that the patient just happened to see advertised. However, the physician has to be receptive to a patient's suggestions."

Faced with patients who want to try a new medication after seeing an advertisement, physicians should carefully explain all the pros and cons of the prescription in question. This is especially important if patients have misguided ideas about what the medication will do for them.

The best way to counter any ill effects of drug advertising is for physicians to involve their patients in the decision-making process, said Dr. Terzian. "Remember that the patient's information is incomplete. Although it's time-consuming, the physician has to discuss these medications and give the patient his or her rationale for prescribing, or not prescribing, a certain drug." ■

Affidavit of merit

(Continued from page 1)

the reviewing physician who submitted the affidavit of merit was not experienced in the area of medicine addressed in the suit, Grossman said. For example, general practitioners at times reviewed cases dealing with topic areas with which they might have been less familiar — obstetrics, for instance. "We didn't know whether this was actually true, but we could surmise by the wording of the certificate that was filed with the complaint."

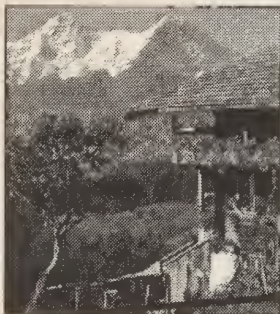
Rudy Schade, an attorney with the Chicago firm Cassidy, Schade & Gloor, also applauded the H.B. 20 provision eliminating physician confidentiality for affidavits of merit. Some doctors submitted such certificates without having the proper credentials, Schade said. "[The new law] will flush them out of the woodwork, because we will now know who these doctors are."

In addition to eliminating some malpractice suits, H.B. 20 will help some lawsuits progress through the system more quickly, said Schade. Because more will be known about physicians who certify the merit of lawsuits, fewer problems will emerge when cases are under way, and there will be fewer bottlenecks. "These cases can drag on forever," Schade noted.

"[Plaintiffs] will begin to have second thoughts as to whether they want to spend the money to sue," said Bob Austin, an attorney with Lord, Bissell & Brook in Chicago. ■



Illinois State Medical Society Presents Two Exciting Tours From Chicago



SWITZERLAND & GERMANY August 25-September 2, 1995 September 1-9, 1995

\$995.00 Per person, double occupancy.
(Plus \$34.00 taxes.)

SWITZERLAND is referred to by many as one of the most breathtaking, picturesque countries in Europe. Experience the splendor of the mountains, the fascinating cosmopolitan cities, the quaintness of Swiss villages and the music that seems to ring through the countryside mingled with the spirit and charm of the people.

THE BLACK FOREST, IN GERMANY, is a charming sunny cluster of secondary high mountain ranges, named "black" because of the dark firs in the dense woods. Thatched roof gingerbread style buildings are found everywhere in the quiet valleys, as are colorful native costumes.

IRELAND

September 1-9, 1995
September 8-16, 1995

\$995.00 Per person, double occupancy.
(Plus \$37.00 taxes.)

This precious stone set in the silver sea awaits you! Come and explore the legendary greens of Ireland, and learn why it is called "The Emerald Isle."

Witness for yourself the breathtaking coastal and mountain terrain. Visit extraordinary castles and charming cottages. Search for shamrocks — maybe even see a Leprechaun! Or, have a pint at a village pub. Ireland is truly a land of merriment and friendliness. We invite you to experience it for yourself!



TOURS INCLUDE

- Round trip jet transportation.
- Deluxe motorcoach transportation.
- 7 nights First Class hotels.
- Exciting daily and evening tours.
- Continental breakfast daily.
- Completely escorted, and more!

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

For additional information and a color brochure contact:

GLOBAL HOLIDAYS

OR

9725 Garfield Avenue South, Minneapolis, MN 55420-4240
(612) 948-8322 Toll Free: 1-800-842-9023

Meeting and Travel Services
Illinois State Medical Society
Twenty North Michigan Avenue, Suite 700
Chicago, Illinois 60602
(312) 782-1654 or 1-800-782-ISMS

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices; hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; or fax (708) 541-9336.

Primary care specialists: Confidential assistance with career placements in the metropolitan Chicago area. Excellent opportunities in hospital, clinic and private practice settings. Please contact Diane Temple, VP Physician Recruitment, 440 E. Odgen, Hinsdale, IL 60521; (708) 654-0761, fax (7808) 654-9788.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFI, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Illinois: Second BE/BC pediatrician for busy, diverse private practice in northwest Chicago suburbs. Fine 300-plus-bed acute care hospital and professional environment. Educated, affluent patient base. Strong communications skills a must. Contact Rebecca Turley, (800) 338-7107, fax (414) 785-0895, E-mail tlarsen@earth.execpc.com.

Hospice: Part-time hospice physician available with Rainbow Hospice Inc. of Park Ridge. Rainbow serves the northwest side of Chicago and the northwest suburbs. The program is affiliated with Holy Family Hospital, Lutheran General Hospital and Resurrection and Our Lady of the Resurrection medical centers. Hours are flexible, and hospice experience preferred. Send CV to C. Minarik, 1550 N. Northwest Highway, Park Ridge, IL 60068-1427.

Internal medicine, Carroll, Iowa: Outstanding opportunity for an internal medicine physician in a progressive, safe and clean community of 10,000 located in west-central Iowa, 90 miles from Des Moines or Omaha, Neb. Excellent schools (Catholic and public) and quality hospital featuring a radiation oncology center, dialysis center and a new 32,000-square-foot outpatient addition. Significant income potential available. For more information, call Randy Simmons, vice president, St. Anthony Regional Hospital, (800) 382-4197.

Internist, downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Illinois - family practice: 80 miles to Bulls, Bears, Blackhawks, Cubs. In outstanding family-oriented smaller community! Excellent schools, magnificent housing. Established multispecialty group with great patient base, call 1:5, possibility for state loan repayment. You can have it all! Contact Andy Van Bueren, (800) 223-5711 or fax CV to (404) 446-2633.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

BC/BE family practitioners: Residency-trained, full-time position - house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Primary care physician needed to step into a well-established, hospital-owned practice. Competitive financial package, complete benefits, CME, etc. Friendly, safe, family-oriented community in rural Illinois. Family practice, internal medicine positions available. BC/BE physicians, contact David Faulkner, (217) 562-2131.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.



Interested? Address your inquiries to:
Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.
Or call 312.808.4551, or fax 312.842.2496.

Humana®
Health Care Plans

UI-trained primary care MD wants to rent/share office space in Chicago area. Page (708) 817-5636.

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced internist, BE endocrinology, bilingual (Polish), seeks primary care/internal medicine position in underserved area for J-1 visa waiver. Available July 1995. Please send replies to Box 2274, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovies, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has large swimming pool, four bed-bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$1,800 to \$2,200 per week through Nov. 30, \$2,500 to \$3,300 winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and counter-tops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Michigan Avenue medical space available. Medical practice seeking subtenant two days per week. Located near Northwestern Hospital on North Michigan Avenue. Excellent parking, complete facilities, prestigious location. Call George B. Close, business manager, (708) 619-2090, ext. 14.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Southwest Chicago area: Vacant office space, 130-square-foot to 140-square-foot finished offices, 1,800-square-foot unfinished, suitable for one or two physicians - (708) 524-8918 or (708) 524-5198 after 6 p.m.

Miscellaneous

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements - \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Temporary medical billing. On-site and off-site medical billing help. Short or long term. Insurance claims, CPT/ICD-9 coding, computerized electronic and paper claims processing. Insurance follow-up. We offer experienced, effective, confidential medical billing assistance. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Cardiology, surgical, internal and more. Medical billing: full-service or just electronic submission. Comprehensive. Confidential. A/R management, coding, electronic and paper insurance processing. We are vigilant in the auditing and follow-up of insurance claims. On-site or off-site services available. Contact Mid-America Medical Billing, Northbrook, (708) 272-7272.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro©, (305) 596-3135.

We bill electronically, and you watch your cash flow increase. Custom Medical Billing Service guarantees satisfaction. Call (800) 465-5313 for complimentary consultation. Custom Medical Billing Service.

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urgent Care
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329

Illinois Medicine Classified Display Advertising

Place your ad here and combine outstanding visibility with low rates. Send us camera-ready artwork or a business card, 3 inches wide by 1½ inches deep, with your order. Cost is \$200 per issue, noncommissionable; discounts are available for ISMS members.

To learn more about classified display opportunities, call (312) 782-1654.

Lawmakers act

(Continued from page 3)

allow guardians who are at least 18 years old to administer psychotropic medications to individuals, without having to resort to court action. The ISMS-supported measure, S.B. 113, passed the House unanimously on March 22. It advanced from the Senate in February.

Psychotropic drugs are given primarily to patients with mental illnesses or developmental disabilities as treatment for depression, anxiety or psychotic or manic behavior. The bill was designed to mitigate the effect of an appellate court ruling issued two years ago that concluded the state's Mental Health and Developmental Disabilities Code "requires a petition, hearing and court order before a guardian can authorize the administration of psychotropic medication regardless of whether the recipient authorizes consent," according to a spokesperson for the bill's sponsor, Sen. Karen Hasara (R-Springfield).

Because of the court's ruling, health care providers may be illegally medicating patients, many of whom are considered wards of the state, said Gary Miller, director of Illinois' Guardianship & Advocacy Commission, in a Feb. 7 letter to Hasara. "The state of Illinois is in the uncomfortable position of having to take extraordinary measures to comply with a legal interpretation that appears to distort the original intentions of the Illinois General Assembly," Miller wrote. In addition, the commission said patients receiving mental health services should be afforded proper due process in objecting to treatment, but it "sees no benefit in requiring such [court] review where there is no controversy among the decision-makers concerning the need for treatment and when the ward does not object."

Birthing centers

"There are 14 counties in rural Illinois without an obstetrician or gynecologist," said Rep. David Phelps (D-Harrisburg), who tried unsuccessfully to push a bill that would have provided an alternative model for increasing access to OB care in those areas. The bill, H.B. 146, would have established 10 birthing centers statewide. It stalled in committee. No action has yet been taken on an identical bill, S.B. 309, sponsored by Sen. Miguel Del Valle (D-Chicago). ISMS opposed both measures.

According to H.B. 146, a freestanding birthing center would have been defined as a facility with no more than 10 beds that was located at a designated site away from a mother's usual place of residence and at which births were planned to

occur after normal, uncomplicated and low-risk pregnancies. Centers would have provided prenatal care and community educational services, coordinated with other community health care programs, and would have been located throughout the state, in Chicago and Cook, DuPage, Kane, Lake, McHenry and Will counties, as well as any other municipality with more than 50,000 people.

ISMS House of Delegates policy supports providing low-risk obstetrical services that are directed and supervised by physicians and that are administered at rural community hospitals in underserved areas as long as those facilities follow the guidelines issued by the American College of Obstetricians and Gynecologists. The guidelines stipulate that the "scientific methodology to investigate the outcome of normal delivery adequately has been problematic, and until studies are available to evaluate safety and outcome in freestanding centers, such centers cannot be encouraged." ISMS is concerned that because prenatal screening cannot predict high-risk and potentially life-threatening conditions during labor, freestanding birthing centers are not equipped to provide emergency procedures.

Prejudgment interest

A bill stalled in committee that would have required 9-percent annual interest payments to be applied to judgments in liability lawsuits from the time a complaint was filed instead of from the date the judgment was entered. Supported by the Illinois Trial Lawyers Association, H.B. 962 was sponsored by Rep. Rod Blagojevich (D-Chicago). ISMS opposed the bill because it would have increased judgment awards and costs for professional liability insurers in Illinois. In addition, the bill would have affected all tort lawsuits, not just medical malpractice cases, and would have increased health care and business costs in the state.

Medicare assignment

Legislation requiring physicians to notify their patients if they do not accept Medicare's assigned charges failed to emerge from committee. The bill, H.B. 308, is sponsored by Rep. Carol Ronen (D-Chicago).

H.B. 308 included a penalty provision that would have allowed patients to recover twice the amount of any Medicare overcharge and court costs from physicians who failed to give the required notice. ISMS opposed the legislation because it would have been an attempt by the state to regulate a federal program that encourages physicians to accept Medicare assignment. In addition,

To defend physicians against malpractice claims that eventually closed with no payment to the plaintiff, ISMIE paid more than \$51 million in legal costs and other expenses in 1993, according to the statistics.

The problems in Illinois' tort liability system also cost individual residents, said Ed Murnane, president of the Illinois Civil Justice League, which prompted H.B. 20. Each Illinois citizen can expect to pay more than \$1,000 in lawsuit-related costs, he said.

"I fully support everyone's right to have a redress and a remedy for a wrong," Edgar wrote. "However, while maintaining that right, it is in the best interests of all our citizens to restore bal-

ISMS offers free patient education

Ready-to-use information about health care, including preventive medicine, is now available free to ISMS members for distribution to their patients. The information, called "Your Health Matters," is developed by ISMS' Council on Public Relations and Membership Services and ISMS member physicians. Each edition is distributed monthly to Illinois media, which use it as health tips for readers or as the basis for TV or radio interviews with local physicians arranged by ISMS.

Topics covered in recent editions include Alzheimer's disease, holiday depression, hypothermia and heart attack induced by snow removal, and avoidance and treatment of the flu. The latest commentary is on the use of inhalants and is attached to page 12.

Members interested in obtaining a supply of past, current or future editions of Your Health Matters should contact ISMS' public relations department at (800) 782-ISMS or (312) 782-1654. ■

the U.S. Health Care Financing Administration publishes a document that includes guidelines for physicians' Medicare charges and explains limits on the amount nonparticipating physicians may charge. ISMS encourages doctors to discuss such policies with their patients.

Motorcycle helmets

Attempts to require all motorcycle operators and passengers to wear helmets failed in House and Senate committees. H.B. 867 and S.B. 125 were sponsored by Rep. Judy Erwin (D-Chicago) and Sen. John Cullerton (D-Chicago), respectively.

Similar bills have been introduced in the past but were defeated by strong anti-helmet lobbying efforts. ISMS supported both bills as part of its ongoing public education commitment to reduce the frequency and severity of head injuries.

Primary care

Bills aimed at increasing the number of primary care physicians in Illinois were introduced in the House by Rep. Carolyn Krause (R-Mt. Prospect). The measures were prompted by a state task force that was assembled to evaluate the shortage of physicians in rural areas and to suggest legislation that would encourage physicians to practice in those areas. The legislation resulted from cooperation between ISMS and the Illinois Academy of Family Physicians.

An amended version of H.B. 1755 advanced from committee and is awaiting consideration by the full House. The measure calls for a primary care medical education advisory committee. The ISMS-prompted amendment expands the number and variety of organizations to be represented on the committee.

ISMS supported H.B. 1758, which would have created a \$5,000 tax credit for certain physicians who started working as full-time faculty members of a primary care medical education program. The measure failed to emerge from committee. ■

ance and fairness to our tort system."

Fear of litigation, not what is right for consumers, drives many of the decisions made by business executives, health care professionals and public officials, he said. As a result, "access to medical treatment is limited in many communities of this state. When health care costs rise and medical services become less-accessible services because of the cost of litigation, it is time to act."

Edgar stressed that H.B. 20 does not limit the ability to recover full compensation for actual economic losses that are determined by a jury. In addition, the bill does not alter the admissibility of evidence that would prove or disprove allegations included in complaints. ■

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Obstetrics/Gynecology physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
(708) 799-8000, ext. 3580**



South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429
Putting People First

South Suburban Hospital
is affiliated with
Advocate Health Care.

Suit challenges H.B. 20

(Continued from page 1)

control' or that the civil justice system is in need of drastic change."

But in a March 9 written statement submitted to the legislature explaining his intent to sign H.B. 20, the governor said there has been a "proliferation of lawsuits." In addition, noneconomic damage awards for similar or identical injuries have varied, Edgar said in his message.

ISMIE statistics also show that the number of claims filed against its policyholders has more than doubled since 1986 and that the average award closed with indemnity in 1993 was \$350,000.



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

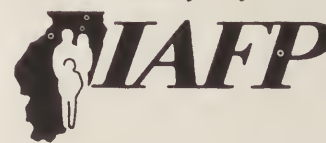
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



Winnebago County alliance helps local physicians prescribe reading

COMMUNITY SERVICE: Low-income parents will receive free books to encourage them to read to their children. BY KEVIN M. KELLEGHAN

[ROCKFORD] Through the efforts of a physician spouse group, pediatricians at a Rockford community clinic will now be able to "prescribe" reading and give free books to parents of young children. The program will encourage children to "learn to love to read and will help them bond with their parents," said Nancy Hoffmann, president of the Winnebago County Medical Society Alliance, at a March 28 press conference.

In turn, a love of reading and parent-child bonding "build the child's self-esteem and make a healthy child," Hoffmann told Illinois Medicine.

The program, Rx: Read to Your Child, provides for pediatricians at Crusader Clinic to give books to low-income parents during well-baby checkups when

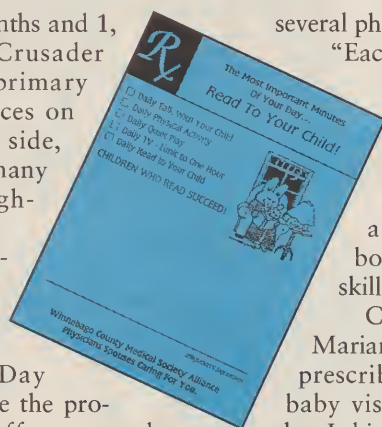
children are 6 months and 1, 2 and 3 years. Crusader Clinic delivers primary health care services on Rockford's west side, the location of many low-income neighborhoods.

To honor Winnebago County physicians, program organizers chose Doctor's Day week to announce the project. Joining Hoffmann at the news conference were Illinois State Medical Society Alliance President Carolyn Kobler, members of the Winnebago County Medical Society Alliance and

several physicians.

"Each county alliance sees a need and looks for ways to provide materials, manpower or organizational expertise to meet that need," Kobler said. "The Winnebago County alliance will provide these books to help promote reading skills in the home."

Crusader Clinic pediatrician Marianne Senese, MD, said she will prescribe books at the end of well-baby visits, "when I bring up things that I think are important. I will tell the parent, 'I would like you to think of this book as medication. This is something you have to do. It is just as important as feeding your baby.'"



For a 6-month-old child, holding a book for five to 10 seconds daily would be enough, Dr. Senese said. "The purpose is to introduce a book as a concept." Such exposure to books will help stimulate the child and facilitate development, she noted.

How will the doctor know if parents are acting on the prescription? "I'll do a follow-up at the 9-month visit," Dr. Senese said. When children are 1 year old, they'll be given a new book, she added.

The book giveaway is based on a program at Boston Hospital, said alliance member Karen Girardi. "A lot of groups nationwide are getting books into the hands of parents of infants." The program helps parents prepare their children for school, she added.

The 7,500 books to be used in the program will be purchased at a discount from alliance members Carol Delheimer and Mary Ann Butler, who own a store in Rockford. Funding for the books was provided through the alliance's annual fashion show.

The program will be monitored for 15 months and then evaluated for possible continuation. ■

POs and PHOs

(Continued from page 1)

ferent cultures."

Physicians who want to start POs or PHOs must also become proficient in business topics, Gill said. POs and PHOs would not work well if physicians simply hired lawyers and consultants to come in and create the organization, she noted. "You must be active in reading the environment, your community market and local payer and capitation trends. You have to know what kind of medical care local employers want for their employees."

Physician leaders for POs and PHOs can be drawn from many sources, including the current leadership of the hospital medical staff, Gill said. And doctors creating a PO or PHO should include the following steps when building their organization: physician education, development planning, market analysis, business planning and legal review.

For help with legal matters, physicians can obtain a series of sample legal documents available from the Medical Group Management Association, Gill said. Physicians may also obtain a legal referral by calling ISMS' Lawyer Referral Network at (800) MD-ASIST.

There is no single model for POs and PHOs. Consequently, planning time and costs for organizing POs and PHOs will vary, Gill said.

Unlike medical staff organizations,

POs and PHOs are not democracies. Instead, they are business organizations that must comply with specific business imperatives and laws, Gill explained. And although they are business organizations, PHOs have a significantly higher failure rate than businesses, with about 80 percent of PHOs failing within the first five years of operation, she noted. That track record can be attributed to the organizations' failure to prepare a realistic and detailed business plan, she added.

"If you can establish a quality threshold, size will gradually sort itself out," Gill said. "The task for physicians is to take risks and create an entity that works in these uncertain times."

Many ISMS Hospital Medical Staff Section members attending the program are facing the issues Gill discussed in her presentation. For example, William Kobler, MD, chairman of the ISMS-HMSS governing council, said he is employed by the Order of St. Francis Medical Group in Rockford and is a member of a primary care physician organization. Dr. Kobler said the organization is based on a combination of several physician organization models. Currently, Dr. Kobler's group is setting up its organizational structure and working on issues regarding the group's relationship to St. Anthony Medical Center and the Order of St. Francis system.

"We're going through a lot of struggles organizing a number of very inde-

pendent-minded physicians to think and function as a group," Dr. Kobler said. "They have been their own bosses, and now they have to come within a corporate structure and realize that the decisions they make affect everyone else in the group. It's a difficult task, but I don't

think it's insurmountable. We've made some large strides in the right direction."

Successful POs and PHOs require physician interaction, Gill said. In addition, their members must be capable of working as a team and be willing to share risks. ■

Call the ISMS Consultant Referral Service for help

The ISMS Consultant Referral Service stands ready to match member physicians with experienced health care consultants. By calling the referral service, physicians can obtain the names of consultants with expertise in their area of need. The consultants can advise members on a wide range of practice management topics and managed care issues.



Although the referral is free, physicians are responsible for negotiating contract terms and paying consultants' fees. Advice and services provided by the consultants are solely their opinions and not those of ISMS. To access the service, members may call the ISMS action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. ■

PHYSICIAN TO PHYSICIAN REFERRAL SERVICE

Northwestern Memorial Hospital is nationally recognized for its outstanding patient care and as a leader in medical research and education.

Access. Information. Assistance.

Our toll-free physician telephone line is dedicated to the needs of referring physicians. Call us at **1-800-MD8-3737 (1-800-638-3737) toll-free** Monday-Friday 8 am-5 pm for any of the following:

- Physician consults
- Referrals
- Appointments
- Patient information
- Patient transfers
- Clinical research trials
- Continuing medical education
- Printed materials about Northwestern Memorial Hospital

M
**Northwestern
Memorial
Hospital**

Exceptional Care in the Heart of Chicago®
Superior St. and Fairbanks Ct. • Chicago, IL 60611

©1995 Northwestern Memorial Hospital
A member of the Northwestern Healthcare Network

“A patient who I
thought trusted me
sued me for malpractice.
Thank goodness I learned
to be as meticulous
with my **pen** as I was
with my scalpel.”



Poor record-keeping loses more cases than bad medicine. That's one reason why the Illinois State Medical Inter-Insurance Exchange offers intensive risk management and loss-prevention programs. They're part of what we call Physician-First Service. To help you survive in a litigious society, ISMIE arms you with what you need. Like seminars on improving documentation. Mock trial video tapes. And workshops tailored specifically for you and your staff. As your insurer, ISMIE protects you. But we also teach you to protect yourself.

Call 1-800-782-4767 for a Risk Management Resources brochure.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer



Leaving a
legacy for
future
physicians

PAGE 8

05/16/95

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • MAY 5 1995

AAP recommends
chicken pox
vaccine

PAGE 2

ISMS pushes for quality care in workers' comp

ANALYSIS: The General Assembly will soon consider a bill to revamp the system. BY MARY NOLAN

[SPRINGFIELD] Republican members of the Illinois House of Representatives and Senate, led by House Speaker Lee Daniels (R-Addison) and Senate President Pate Philip (R-Wood Dale), are currently drafting comprehensive legislation to reform the state's workers' compensation system, an effort that involves balancing medical, business, insurance, legal and labor interests.

ISMS, a coalition of business groups and several unions, including the Illinois AFL-CIO, are providing input on the legislation. Each group has submitted proposals and comments on one another's proposals to the speaker and the Senate president, suggesting solutions to problems such as fraud, the extent of workers' choice of

physicians and compensation for intoxicated workers. Views about how to correct many of the problems vary widely among the interested parties.

To try to work out the differences, the speaker held a closed-door mini-summit with representatives of the three groups in Springfield on April 7. "No one will come away with everything, but each will get something," said Mike Cys, the speaker's spokesperson. The final legislation will be based on compromises, he added.

After the summit, ISMS sent the speaker a follow-up letter, commenting on the business group's latest proposal and addressing issues important to medicine. Among the eight organizations that make up the

(Continued on page 13)

Hospital Licensing Board OKs credentialing rules

UPDATE: Due process protections for Illinois physicians will be expanded. BY KATHLEEN FURORE

[CHICAGO] The Illinois Hospital Licensing Board earlier this year approved rules to implement the economic credentialing legislation Gov. Jim Edgar signed into law last fall. The rules incorporate provisions of the law, which took effect Jan. 1 and was prompted by a 1993 ISMS House of Delegates resolution. That legislation amends Illinois' Hospital Licensing Act by providing due process protections for physicians who are subject to hospital medical staff credentialing decisions based on economic criteria instead of quality of care or professional competency.

"The basic concept [of the rules] is that physicians should be judged on how effective they are from a medical point of view, not on how much money

is generated," said Lawrence Hirsch, MD, a Hospital Licensing Board member.

The new rules have not yet been formally adopted by the state. They will be published in the Illinois Register this spring, and after a 45-day comment period, the rules will be submitted to the Joint Commission on Administrative Rules for final approval and adoption, said Tom Schafer, a spokesperson for the Illinois Department of Public Health. "We're looking at late spring or early summer before the rules are in place." Regardless of when the rules are adopted, the due process protections in the law are already in force, Schafer noted.

Key for physicians is a requirement that hospitals must explain

(Continued on page 14)



John McNulty
AS HE ASSUMES his new office, ISMS President Raymond E. Hoffmann, MD (left), of Rockford, receives a round of applause from the Society's House of Delegates led by Immediate-past President Alan M. Roman, MD.

INSIDE

**Cook County
Hospital
introduces access
program**

PAGE 2

**Illinois medical
schools encourage
rural medicine**



PAGE 3

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update6

Classifieds...

H.B. 20 provisions affect hospitals' vicarious liability

LEGAL ISSUES: Tort reform will curtail plaintiff attorneys' stall tactics. BY MARY NOLAN

[CHICAGO] Illinois' new tort reform law shields defendants in medical mal-

practice lawsuits against delaying tactics commonly used by plaintiff lawyers to gain an edge in trial proceedings and from double recovery by plaintiffs' families. The law also clearly defines a hospital's relationship with physicians who are not employed by the facility, according to Illinois defense attorneys.

"All these provisions are a needed change," said Pam Gellen, an attorney with Lewis & Gellen in Chicago.

Before H.B. 20 was signed, plaintiff attorneys were able to voluntarily dismiss medical malpractice suits and refile them within a year, regardless of whether the statute of limitations had expired, Gellen explained. In Illinois, the statute of limitations is two years from the date of injury or four years from discovery. However, children have up to eight years to file suit.

SERIES

Previously, plaintiffs had tried to improve their chances of winning a case by dropping it voluntarily and resurrecting it after obtaining new expert witnesses. Under the new law, plaintiffs can still dismiss a case and refile it, but they must do so within the statute of limitations, Gellen said. "If plaintiffs are in a bad situation [regarding the status of their case], they're stuck with what they've got." Such constraints are uncommon in other states, she added.

After learning who the defense witnesses were, plaintiff attorneys sometimes voluntarily dismissed cases solely as a delaying tactic so that they could find other expert witnesses, said Robert Baron, an attorney with Rooks, Pitts and Poust in Joliet. "[Plaintiffs] have abused this law." And in many cases, the delays prevented doctors from defending themselves for up to 10 or 12 years after the original lawsuit was filed, he explained.

(Continued on page 14)



PROPERTY OF THE
**NATIONAL
LIBRARY OF
MEDICINE**

41002 DW
20014
002 11910 E 3

AAP recommends use of chicken pox vaccine

[CHICAGO] The American Academy of Pediatrics in April recommended the new chicken pox vaccine for universal use in early childhood and in susceptible older children and adults. The vaccine, manufactured by Merck & Co. in New Jersey, was recently approved by the U.S. Food and Drug Administration. It is expected to be available to pediatricians early this month, according to AAP officials.

Chicken pox is one of the most contagious childhood diseases, according to AAP. The academy suggests children receive a single dose of the vaccine when they are between 12 and 18 months old. The chicken pox immunization may be given at the same time as the measles, mumps and rubella vaccination. For older children, AAP advises a single dose at the first convenient opportunity. Healthy adolescents who have not been immunized and who have no history of varicella infection should receive two doses of the vaccine about four to eight weeks apart.

Once immunized with the vaccine, most individuals are protected from chicken pox, according to AAP. Although most chicken pox cases in otherwise healthy children are complication-free, the academy recommends the vaccines because problems can occur that result in significant injury or death. In addition, chicken pox is potentially severe in adults and immunocompromised children.

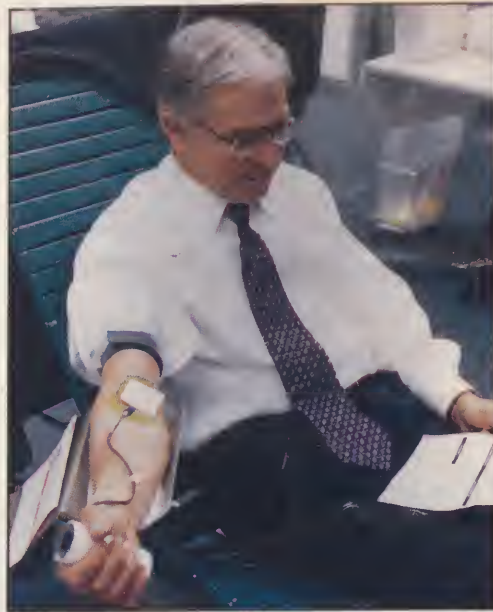
New symptoms surfacing among polio patients

[CHICAGO] Four decades after the last polio epidemic, nearly one-fourth of polio survivors are experiencing new effects of the disease, according to the Rehabilitation Institute of Chicago.

Post-Polio Syndrome has a number of symptoms, said James Sliwa, DO, a physician at the Rehab Institute. They include aches and pains, fatigue, new muscle atrophy, decreased endurance, weakness and difficulty breathing, swallowing and sleeping.

The syndrome affects the body neurologically and orthopedically. The neurological damage occurs because people who had polio as children lost significant numbers of nerve cells, and decades of use have caused the remaining cells to become fatigued or to die out. The orthopedic damage occurs as painful joint disorders, which are caused when the patient's joints compensate for the weakened limbs, according to a Rehab Institute news release.

Although there is no cure or medication to halt the syndrome, treatment such as medication, exercise and braces can alleviate the symptoms and optimize the patient's ability to function. Traditional treatment for former polio patients included strenuous exercise. However, the current approach centers on encouraging patients to slow down to prolong the life span of damaged joints and nerves, according to the Rehab Institute.



Matt Ferguson

RESPONDING TO the tragedy in Oklahoma City last month, Illinois Lt. Gov. Bob Kustra donates blood. Similar drives were held around the nation, and Oklahoma authorities quickly received the blood they needed. The donations received during the Illinois drive will be used to bolster Illinois' blood supply, which had been low.

Cook County Hospital introduces access program

[CHICAGO] Patients who use Cook County Hospital's General Medicine Clinic can now access services 24 hours per day, seven days per week through a new program called GMC Plus. The program aims to curb emergency room usage and walk-in visits and ensure continuity of care with patients' personal providers and an attending physician, explained David Ansell, MD, acting chairman of the hospital's division of general medicine/primary care. "This is standard practice in private settings but a radical change for the public sector."

The program is geared toward enhancing primary care teaching by providing closer contact between attending physicians and residents, said a Cook County Hospital spokesperson.

For the program, the clinic's 15,000

patients were divided among three multidisciplinary groups of physicians, nurses, nurse practitioners and administrative and support staff, the spokesperson said. Those patients can access regular clinic services as well as a new after-hours phone service that allows them to speak in English or Spanish with the attending physician on call. A computerized pharmacy system enables physicians to phone in prescriptions, eliminating the need for some clinic visits and reducing the waiting time for prescription refills, she added.

Early responses to the program have been positive, and the hospital expects the number of participating patients to rise once all clinic patients have been taught to use the system, the spokesperson explained. Hospital officials hope to expand the service to include other departments throughout the hospital, Dr. Ansell said.

ISMS officer dies

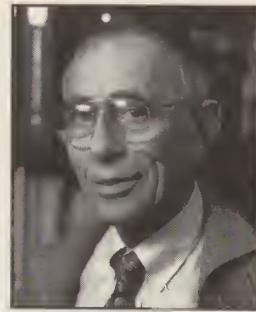
David Benjamin Littman, MD, ISMS' second vice president, died at his Highland Park home last month. He was 60.

A board-certified internist, Dr. Littman was an attending physician at Highland Park Hospital, where he also served as chief of the department of medicine and chief of staff. He was in private practice in Highland Park and Glencoe until his retirement in 1993. Since then, he had worked with the Lake County Health Department treating the homeless and patients with AIDS and other sexually transmitted diseases.

Dr. Littman was also active in organized medicine. In addition to his position as ISMS second vice president, Dr. Littman was ISMS secretary-treasurer

from 1992-94, served on the ISMIE Board of Governors from 1982-95 and was an ISMS First District trustee from 1983-92. Dr. Littman also served on numerous ISMS committees, including the Illinois Medicine, Third Party Payment Processes, Policy, Finance and Executive committees. He was a past-president of the Lake County Medical Society.

Dr. Littman earned his medical degree from the State University of New York College of Medicine at New York City and conducted his residency at the Roosevelt Hospital and the Brooklyn V.A. Hospital in New York. He was a fellow in the New York Academy of Medicine and a member of the American College of Physicians and the Chicago Society of Internal Medicine.



Dr. Littman

The Verdict Could Wipe You Out!

Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly one-half (47%) were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (APT) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an APT and its many legal advantages, call the offices of Robert D. Gillen at (708) 420-7300 today. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

Don't let a lawsuit wipe out a lifetime of work. Call today.

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois medical schools encourage rural medicine

PROGRAMS: The U of I and SIU work to improve access to primary care. BY MARY NOLAN

[ROCKFORD] The Rural Medical Education Program at the University of Illinois' College of Medicine in Rockford steers medical students toward practicing medicine in rural Illinois communities. The two-year-old program aims to reverse the trend toward practice in predominantly metropolitan areas.

"It's an excellent program that we have needed for a long time," said George Mitchell, MD, a general practitioner in Marshall and co-chairman of ISMS' Health Care Access Committee. Dr. Mitchell has spent time with students in the program to show them the benefits of a rural practice.

"[The Rural Medical Education Program] is one of the few programs of its kind, and the first in Illinois, intended to prepare physicians for rural practice," said Ronald McCord, MD, program director. The program began as a demonstration project — with five U of I medical students during the 1992-93 academic year — to respond to the shortage of primary care physicians in rural Illinois, Dr. McCord said. It is partially funded through the state's Rural Health Initiative, legislation that passed the General Assembly in 1990 but did not receive funds for three years, he explained.

Last fall, 17 students began the university's rural medicine track. Students are selected based on recommendations from the College of Medicine's Admissions Committee and Recruitment and Retention Committee, Dr. McCord said. The latter is composed of rural health care leaders from across the state.

To enroll in the program, students must meet several criteria, Dr. McCord said. They must have a good understanding of life in small or rural communities, pledge to become family physicians in rural Illinois and commit to an active role in revitalizing rural medicine.

Program participants receive the "best of both worlds" when they set up practice, Dr. McCord noted. They can live in a small town and be linked to urban areas by using satellite communications, fiber optics and other computer technology. Because of such advances, rural physicians are now closer to high-tech metropolitan centers, and their patients receive better care, he said.

Through the program, students spend their first year in Urbana-Champaign studying with faculty members and rural practitioners and completing traditional course work in the basic sciences, Dr. McCord explained. After their first year, students conduct a community-oriented primary care project to prepare them for practice as rural family physicians.

Students' second year is spent in Rockford, where they receive family practice training at a community health center and follow a rigid academic schedule.

In their third year, students complete clerkships in such areas as surgery, pediatrics, psychiatry and obstetrics and gynecology. And in their final year, students spend between two and four months working with a rural family physician or in a community health clinic to gain experience in preventive medicine, practice management and rural emergency medicine.

When they graduate, students are well-prepared to enter any family practice

residency program, Dr. McCord said.

The Southern Illinois University School of Medicine also received funding through the Rural Health Initiative. Specifically, SIU has been using its \$512,000 grant to improve OB and primary care services in the area, said Nancy Zimmers, director of public affairs for the medical school.

Toward that end, SIU recently announced a partnership between the

medical school and two Downstate family practice clinics. Patients at the Harrisburg Family Practice Center can now receive prenatal care and deliver their babies at Memorial Hospital in Carbon-dale, Zimmers said. Hospital obstetricians consult with the family physicians and patients before delivery, and pediatricians offer initial care to newborns.

To date, physicians have cared for more than 120 patients through the



Dr. McCord reviews paperwork with a U of I medical student.

partnership, Zimmers said. In addition, some 34 mothers who received prenatal care at the Harrisburg clinic have already delivered babies.

Harry J. Zanotti Jr.



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B CARDIOGRAPHY

In CPT¹ 1995, the patient demand event recording CPT code 93268 has been revised, and several new codes have been added. CPT code 93268 will now be used to report only event recordings performed with pre-symptom memory loops. Post-symptom recordings will now be reported with CPT codes 93012 and 93014, which have been revised to describe a 30 day period of time.

Two new codes, CPT codes 93270 and 93271, have been added for reporting the two separate technical components of event recording with pre-symptom memory loops (recording including hook-up and monitoring including the receipt of transmissions). In light of these CPT changes, the Health Care Financing Administration (HCFA) has issued six new temporary codes that will be used to report patient demand event recordings with 24 hour attended monitoring. The new codes are:

- G0004** Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; includes transmission, physician review and interpretation.
- G0005** Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; recording (includes hook-up, recording and disconnection).
- G0006** Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; 24 hour attended monitoring, receipt of transmissions, and analysis.
- G0007** Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; physician review and interpretation only.
- G0015** Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; tracing only.
- G0016** Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; physician review and interpretation only.

HCFA has been informed that some suppliers of these types of services have decided that, since their devices provide both pre-symptom memory loop and post-symptom recording, they may bill for two codes, e.g., G0006 and G0015, to increase their payments. This is incorrect and represents a duplicate billing for the services furnished. All of these devices provide post-symptom recording. Therefore, the codes denoting pre-symptom memory loop (G0004-G0007) also include payment for post-symptom recording. The whole basis for having codes G0015 and G0016 is for the description of services in which the device used does not have the capacity for pre-symptom memory loop recording.

(Issue: 05/05/95 - DB)

¹CPT five-digit codes, two-digit numeric modifiers, and descriptions only are © 1995 American Medical Association

Illinois Medicine

VOLUME 7, NUMBER 9

MAY 5, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	Harold L. Jensen, MD
Alfred J. Clementi, MD	William E. Kobler, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Arthur R. Traugott, MD	

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Focusing on what unites us

Along with firefighters and other rescue workers, physicians have been on the front lines in the Oklahoma City bombing and its aftermath. A resident physician in emergency medicine and a nurse triaged the children who were initially removed from the day care center. Another physician amputated the leg of a woman who was pinned down in such a small space that the doctor couldn't even wear a hard hat when he rescued her from the unstable wreckage.

Illinoisans did their part to help too. At a time like this, even simple gestures are meaningful. For instance, at the April 23 memorial service, some of the children and adults carried teddy bears provided by Illinois' first lady, Brenda Edgar. In addition, Illinoisans, including Lt. Gov. Bob Kustra, donated blood to be used in Oklahoma City. So much blood was donated that it exceeded the demand, allowing our state's depleted supply to be replenished.

At its recent meeting, the ISMS House of Delegates resoundingly passed an emergency resolution condemning the actions of the terrorists involved and extending condolences to the victims, their families and all Oklahomans whose lives have been affected by this senseless act. The resolution also expressed admiration and support for the emergency

response teams and medical personnel who endured great stress to aid their fellow citizens. In fact, one nurse working on a rescue team died from a cerebral hemorrhage.

Such unanimity did not exist on all HOD resolutions, of course. Your delegates debated new issues such as those related to managed care and perennial issues such as unified membership. At times the discussions were heated, emphasizing differences of opinion.

Yet the House did take action on many, many issues, which will be covered in future issues of Illinois Medicine. They ranged from managed care credentialing to implementation of an any-willing-provider law to acupuncture policy to pregnancy and HIV testing.

Given some of the variation within the practice of medicine, there is a lot of potential for individual differences. Physicians specialize in different areas, practice as solos or in groups in rural or urban areas, and are involved in managed care to varying degrees.

Especially during times of tragedy, though, it's clear that what unites all physicians is our commitment to reducing human suffering in whatever way we can. That common ground is much more important than any problems or differences that divide us.

PRESIDENT'S LETTER

Medicine is the best profession there is

Raymond E. Hoffmann, MD



People from all walks of life – laborers, leaders, lovers, yes, even legislators and lawyers – want what we have been trained to give them: long years of health.

It's that time of year again. The House of Delegates meeting has come and gone. The leadership of the Illinois State Medical Society has changed. The democratic process that brings us together has also brought us new faces as leaders. In 1994-95, the officers did an excellent job. Their major goal this past year was tort reform, and they accomplished it, probably better and sooner than anyone thought they would.

The House of Delegates saw campaigns for the elected positions. Many of the races were contested, and a great deal of effort was expended during the campaigns. The best job is the presidency. Not only is it the most desirable post, it is the only one that doesn't require campaigning or an election. In planning and learning for the presidency, there is so much work to do that it is necessary for the president-elect to automatically become the president.

While I was preparing for this position over the past year, I became even more convinced that medicine is the best profession there is. It starts with a collection of bright, motivated young people and a great deal of information. The learning process is unending. We all start out alone and scared of the long process ahead but excited because we are going to be doctors. The camaraderie starts in medical school, while we all have too much to discover in too little time. The maturing happens during our residency training programs, when the patient load seems unbearable and our time is never our own. The respect comes after those years of virtual servitude. We made it.

What other profession can help people in such personal need? People from all walks of life – laborers, leaders, lovers, yes, even legislators and lawyers – want what we have been trained to give them: long years of health. They knock on our doors, drive to our emergency rooms, call us day and night, endure sometimes long

waits and other inconveniences, virtually begging to put their lives in our hands.

What other profession can give life back to those people who are near death? What other profession has the responsibility of helping a person and his or her family through the horror of a cancer diagnosis? What other profession has the compassion and knowledge combined to help people die with dignity? These are our patients who count on us but who realize that the end must eventually come to us all.

THE MEDIA has been filled with horror stories lately. Wrong Foot Amputated! Doctor Convicted of Sexual Molestation! Patient Dies of Chemotherapy Drug Overdose! But we never hear of the millions and millions of patients whose correct feet are operated on. We never hear of the thousands of hours doctors spend helping victims of molestation. We never hear of the hordes of surviving cancer patients, many of whom are cured.

Our recent victory in tort reform has caused more visibility for us and, I am sure, more pressure on us and our profession. There will be many investigations of our self-policing and disciplinary system. There will be more pressure for treatment protocols that approach cookbook medicine. There will be more limited-license practitioners wanting to get into the doctor-patient relationship.

What a responsibility and what an opportunity! With the skills and motivation we have from medical school, with the leadership we gain during our training programs and with the respect and image we possess within our communities, we can improve our health system. That will do what we all want: give our patients long years of health and happiness.

Medicine is the best profession there is.



"Next time you shove that stick in my mouth, it better have a popsicle on the end of it."

GUEST EDITORIAL

Get moving on the .08 alcohol law

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

The encouraging news continues in the campaign against drunken driving, with the U.S. Transportation Department reporting that alcohol-related traffic deaths fell to a 12-year low of 42 percent last year. It's a substantial drop from the 57 percent of 1982, when the department began keeping such figures, and reflects a steady downward trend since 1987.

It is not, however, a cause for jubilation or satisfaction. These numbers always harbor a dark, indefensible side — in this case, that another 16,884 people died in what were essentially avoidable tragedies. While 42 percent reflects improvement, it still is unacceptable, representing tens of billions of dollars in economic costs and an immeasurable price in human grief because of irresponsible, reckless use of alcohol.

If anything, these numbers are a call for even more stern action to continue driving the percentage down. A crucial part of the strategy so far has been increasingly less tolerance toward, and increasingly tougher laws against, drunken driving. Illinois has been among the nation's leaders.

But on one key issue — lowering the legal blood-alcohol level from .10 percent to .08 percent — Illinois has been a laggard, despite repeated efforts by Secretary of State George Ryan to get the

General Assembly to change the law. It is the next big, meaningful step, and it is time to take it — beginning in the House, where expected passage stalled in part because of strong lobbying from the retail liquor industry.

The industry argues that more emphasis should be placed on the truly heavy drinkers, and worries, along with other opponents, about cracking down on social drinkers. But social drinking isn't the issue; it is dangerous, problem drinking.

One way to look at the current .10 standard is that it allows an average-sized driver to consume five drinks in an hour, a drink being equivalent to a beer, a glass

of wine or a one-ounce shot of hard liquor. Under .08, it would be four drinks. That's an improvement in the margin of safety for other drivers, but still risky, judgment-impairing drinking.

The idea is to weed out even more drunk drivers and, it is hoped, to change their behavior — particularly because most alco-

hol-related fatalities are caused by first-time offenders. The evidence is that it works. In 11 states with the .08 standard, alcohol-related deaths have dropped significantly, including 30 percent in California in only three years. Further, there has been a decline in repeat offenders.

The choice should be a simple one for the legislature: showing no sympathy for highway drinkers and putting the safety, and lives, of all drivers first.

The choice should be a simple one for the legislature: showing no sympathy for highway drinkers and putting the safety, and lives, of all drivers first.

GUEST EDITORIAL

A difficult balancing act

Reprinted with permission from National Underwriter. © 1995, the National Underwriter Co. Property & Casualty/Risk & Benefits Management Edition, April 3, 1995.

Those who thought the idea of health care reform died with the death of the Clinton reform plan last year have been proven wrong by the numerous bills sprouting forth in the first two months of the new Republican Congress.

What died last year was the idea that the crisis in the marketplace could be solved by a government-heavy plan that would have caused drastic change in the way the system operates.

What most of the new bills agree on is the need for making certain broad changes that have achieved a consensus status, such as portability, renewability and elimination of pre-existing condition restrictions. But they do it outside of the context of universal coverage, which introduces a great element of uncertainty into the process.

One danger among all these bills is that the insurance industry will have many changes forced on it without having a viable way to make a profit. Another danger is the bills may not have the desired effects in the marketplace.

Some of the bills that have been introduced are sponsored by the House's heaviest hitters, including Majority Leader Dick Armey, R-Texas, and Bill Thomas, R-Calif., who chairs the Ways and Means Health Subcommittee.

The legislation that Mr. Armey is sponsoring is also co-sponsored by Rep. Harris W. Fawell, R-Ill., among others. Rep. Fawell recently said of the bill: "We will not disturb the revolution in innovation and competition going on in the private sector. ...Instead we will build upon it."

The bill contains a number of targeted elements of health insurance reform, including portability, renewability, utilization review, solvency, claims processing and fair rating standards (for fully insured plans in the small group market). Some insurers, including New York Life and Mutual of Omaha, have already endorsed this bill.

Meanwhile, the Basic Health Care Reform Act of 1995 has in Rep. Thomas a very powerful sponsor who believes his bill has a good chance of reaching President Clinton's desk.

"We have to do at least this," Rep. Thomas said recently. "This," according to the bill's provisions, includes the requirement that insurers offering health insurance coverage would have to offer it to all individuals and to small groups of less than 51 employees.

Under the provisions of this bill, premium rates could not vary, except by age, geographic area, family class and benefit design. It would also have the National Association of Insurance Commissioners establish non-mandatory coverage standards.

Meanwhile, the Democrats have also contributed legislation. Indeed, one of the very first bills of the 104th Congress was introduced by Senate Minority Leader Thomas Daschle, who said: "Instead of proposing sweeping changes, this bill contains measures designed to speak to the most pressing concerns of working families and upon which there is a broad, bipartisan consensus."

Among the insurance reforms in Sen. Daschle's bill are — you guessed it —

What most of the new bills agree on is the need for making certain broad changes that have achieved a consensus status, such as portability, renewability and elimination of pre-existing condition restrictions.

portability and prohibition of preexisting conditions or charging higher rates for people with them. Also prohibited would be raising rates when consumers get sick. The bill would also require health plans to make cost and quality information available to consumers.

Many of the insurance reforms in these bills are ones that the Health Insurance Association of America supported last year and that its new reform package includes. In the

small group and individual markets, for instance, there would be "guaranteed issue" and "guaranteed renewal." HIAA is also proposing a mechanism to ensure affordability.

In introducing his group's new package, HIAA President Bill Gradison said that "in a system where individuals and employers are free to choose whether or not to buy insurance, designing workable health insurance reforms is a difficult balancing act. Unless great care is taken, reforms intended to reduce costs and improve access may have the exact opposite result."

HIAA understands that insurance reforms in the context of universal coverage are quite a different story than reform that tinkers with the system. It is crucial for the industry's sake that Congress be made to understand this as well.

H.B. 20
provisions
affect
hospitals'
vicarious
liability

PAGE 1

ISMIE Update

Watch for
future
coverage of
dermatologist
referrals

Experts say benefits of tort reform will occur gradually

The full financial advantages of Illinois' \$500,000 cap on noneconomic damage awards will take a few years to kick in.

Illinois' new tort reform legislation, which went into effect March 9, is a promising development, but realizing the financial benefits of the \$500,000 cap on noneconomic awards will take a while, according to legal and insurance sources.

The new law should help stabilize premiums in Illinois, but it will take time, said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors. "We will have to continue to base premiums on past trends because claims reported this policy year will be paid out down the road. And our reserves must reflect historical trends, since caps won't affect the claims coming in right now. But eventually, we expect the same premium stabilization in Illinois that has occurred in Missouri and California."

In those two states, where tort reform took effect in the 1980s, there was a lag time

before that stabilization. In California, professional liability premiums in 1984 were 27 percent higher than those in other states. But in policy year 1986, a \$250,000 cap on noneconomic damages took effect, and for the next three years, premiums increased and remained high. By 1990, the average premium was 30 percent lower than the national average, according to the AMA Center for Health Policy Research.

"Compared with the rest of the country, where rates doubled or tripled, rates in California leveled off after tort reform took effect," said Lawrence Smarr, executive director of the Physician Insurers Association of America.

After Missouri's \$350,000 medical malpractice cap took effect in the 1987 policy year, premiums eventually stabilized, according to Missouri Department of Insurance data. How-

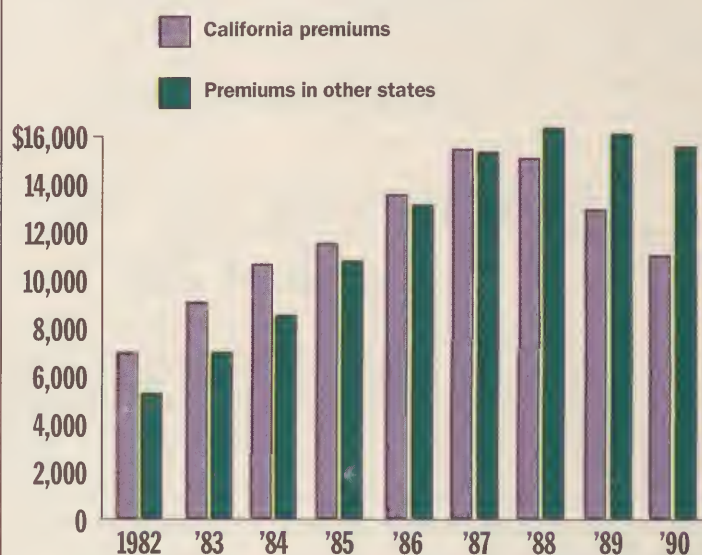
ever, in Missouri, as in California, professional liability premiums actually increased for three years before stabilizing.

The primary reason for such lag time is that the caps were not retroactive, so only injuries that occurred after the law took effect were influenced by the cap. In Illinois, even for injuries that occurred after the bill was signed into law on March 9, there will not be any financial effect until the first jury trial, said Peter Mone, a Chicago attorney with Baker & McKenzie. The first cases to which caps apply won't be tried for several years in Chicago because of the backlog of cases, he said. "It might happen sooner Downstate."

There is also a lag time for cases entering the system, said Dr. Jensen. "ISMIE cases that close with indemnity take an average of 43 months to progress from injury to filing

Cap stabilizes California premiums

In 1984, the average professional liability premium was 27 percent higher in California than other states. The \$250,000 cap took effect for the 1986 policy year, and for the following three years, premiums increased and remained high. But by 1990, the average in California was 30 percent lower than the national average.



Source: AMA Center for Health Policy Research
Reprinted from *This Week*

the claim. So virtually all claims filed in 1995 and 1996 will be subject to pre-cap law. It won't be until 1997 that a significant number of claims filed will be subject to the cap."

Insurers must also factor in a

statute of limitations that allows minors eight years to report a claim and several more years to bring a case to trial, explained Alfred J. Clementi, MD, chairman of the ISMIS

(Continued on page 7)

ISMIE announces policy changes

PHASE-IN: The lag time for implementation of Illinois' new cap on noneconomic damages forces ISMIE to raise rates this year. BY KATHLEEN FUREORE

[CHICAGO] To ensure that its policyholders continue receiving the most comprehensive coverage available in Illinois, ISMIE implemented several changes to its professional liability policies. "The changes were accomplished to enhance and clarify the terms of physicians' ISMIE coverage and help provide them with the most secure and thorough coverage possible," said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors.

Despite the recent tort reform victory, ISMIE will have to raise premiums by 9 percent for the 1995-96 policy year to maintain that coverage, Dr. Jensen explained. "ISMIE was

the only medical professional liability insurer to take an active leadership role in the fight for tort reform. With this achievement, and the \$500,000 cap in particular, there is no doubt in my mind that in the future, Illinois will be a better place to practice medicine for physicians and for our patients."

All the claims reported to ISMIE in 1995 and virtually all the claims reported in 1996 will cover injuries that occurred before the bill was signed. Therefore, those claims will not be affected by the cap, Dr. Jensen noted. "Insurers frequently do not know of a claim or suit until some time after the incident took place. On aver-

age, it takes between three and four years for a claim to come to our attention.

"For the coming policy year, we are dealing with the same difficult and disheartening trends we have been seeing for many years—acceleration in the severity and frequency of claims and in the average cost of indemnity payments."

In 1994, ISMIE's average indemnity payment totaled \$350,392. And 38 percent of the 2,775 claims reported were of the highest severity levels, according to Dr. Jensen. "As a result of these trends and the fact that the cap will not affect them in the short term, the ISMIE Board of Governors reluctantly

authorized the 9-percent increase in our base rates for the 1995-96 policy year."

ISMIE needed to increase rates to ensure sufficient funds for payouts from claims and suits not covered by the cap, Dr. Jensen explained. "We would have preferred to have a cap that grandfathered in outstanding claims so that the impact would have been felt immediately, but our expert constitutional lawyers told us that would have been tantamount to handing the Illinois Supreme Court a loaded gun to blow away the law. We remain confident that we will all eventually benefit from the cap, even if it takes a little longer than we want."

ISMIE DID IMPLEMENT several positive changes for the coming year, Dr. Jensen said. For example, new ISMIE policyholders who began practicing in Illinois and treated their first patient

after the tort reform bill was signed will pay rates that are significantly lower than those paid by new ISMIE policyholders last year prior to the law's enactment. "The cap will cover all patients seen by those physicians, so their medical professional liability rates will reflect the impact we believe the cap will have." Other Illinois physicians should view that rate reduction as a sign that their rates will likely stabilize or perhaps decrease in the future, Dr. Jensen said.

In addition, current policyholders who have proved they are skilled at loss prevention will receive premium reductions through ISMIE's loss-free discount program. For the new policy year, nearly 7,000 policyholders qualified for discounts ranging from 3 percent to 10 percent, Dr. Jensen noted. Policyholders in group practices of two or more physicians may

(Continued on page 7)

Policy changes

(Continued from page 6)

also qualify for the ISMIE Clinic Option and save up to 40 percent over individual premium rates, he said.

After a complete policy review, ISMIE implemented several changes that improve and expand coverage. Coverage will now be triggered when policyholders report an incident that they believe may result in a legal action, such as a claim or a suit. This means that the policy limits at the time the incident is reported will be in effect, regardless of subsequent action, and that the policyholder will be covered from that time.

ISMIE also added to its policy form defendant reimbursement – compensation for physicians who actively participate in their own defense. Policyholders who are direct defendants in medical malpractice cases and whose coverage is in force at the time of the wage loss will receive \$500 a day, up to a maximum of \$5,000 in one policy year, for attending trials and depositions other than their own.

“With tort reform that includes a cap and with policy changes and enhancements that are always evolving to respond to physicians’ changing practice needs, ISMIE is poised to work with its policyholders now and in the future,” Dr. Jensen concluded. “Like all physicians, I am anxious for the moment to arrive when each of us will personally experience the rewards of victory – a reduction in awards, lawsuits and premiums.” ■

Tort reform

(Continued from page 6)

Board of Directors. “If someone was hurt on April 7, 1995, he or she might not file suit until April of 1997. If that alleged injury occurred in Cook County, there’s a good chance that case wouldn’t go to trial until 2003. And even if there was a verdict, there might be an appeal. The money could be paid out in 2003 or 2005.” It will probably take about seven years until 95 percent of the claims reported to ISMIE are covered by the cap, Dr. Clementi said.

In drafting the Illinois law, the issue of constitutionality played a key role, said Cal Sawyer, an attorney with Winston & Strawn in Chicago. In 1975, the Illinois General Assembly passed and the governor signed a \$500,000 cap that covered economic and noneconomic damages in medical malpractice cases. But the Illinois Supreme Court ruled the cap unconstitutional. The objection was that it “impinged mostly on people who were most severely injured,” because in some cases they could not fully recover their economic loss, Sawyer explained. For instance, severely injured plaintiffs would have been able to recover a maximum of \$500,000 for both economic and noneconomic losses – even if those combined losses exceeded that amount, noted ISMS General Counsel Saul Morse. Plaintiffs whose losses totaled \$500,000 or less would have been able to recover all damages, he added.

H.B. 20, the legislation passed this year, was drafted to ensure fair recovery

and avoid constitutionality problems, Morse continued. “Now everyone has unlimited recovery of actual losses. The cap applies only to noneconomic damages. Since pain and suffering can’t be quantified, trying to do so under our current system is always arbitrary, and it is reasonable to place a reasonable limit on noneconomic awards.”

The potential problem of retroactivity was also considered in drafting H.B. 20. The cap applies to injuries occurring after the bill was signed, because a person’s rights at the time of his or her injury should be preserved, Morse noted. The legislators who drafted H.B. 20 believed they might provide more fodder for a constitutional challenge if the cap was retroactive, Sawyer said.

OTHER PROVISIONS in H.B. 20 will produce results more quickly than the cap will, said Morse. Those provisions deal with procedures, so they can be enforced on all cases filed after the bill was signed. Among those procedural changes is the requirement that affidavits of merit for malpractice suits include the name and address of the physician who certified the suit. “Now you can’t have someone hiding behind an affidavit. And [the new law] will do away with people out there who are acting as professional testifiers and not really practicing medicine.”

Because of their fear of the new law’s procedural constraints, plaintiff attorneys rushed to file suits before the bill-signing, said Morse. Then, on the day of the signing, a handful of plaintiff attorneys filed a lawsuit challenging the con-

stitutionality of the measure. A hearing to determine whether the suit can proceed was scheduled for May 1.

Participating in the constitutionality lawsuit are representatives of the Illinois Trial Lawyers Association who have vowed to keep the tort reform fight alive. “The battle has only begun,” said ITLA President Curt Rodin in a March 13 letter to the organization’s members. “We’re going to challenge the constitutionality of H.B. 20, and we’re going to assist every lawyer in this state who wants our help. We will be in any county, in any courtroom, in any forum where we can help.”

Despite the opposition, ISMS’ battle for tort reform was worthwhile because of the expected results, said ISMS Immediate-Past President Alan M. Roman, MD. “I think this meaningful tort reform will make it easier for physicians to provide quality care and will help bring physicians to Illinois.” In recent years, many doctors fled the state to avoid a malpractice climate that encouraged frivolous lawsuits and excessive awards, he explained. Without those physicians, some communities became medically underserved. For example, it has been determined that 16 southern Illinois counties lack adequate OB care.

NEW ISMIE POLICYHOLDERS who began practicing in Illinois as of March 9 will receive a more immediate benefit. ISMIE will offer lower premiums to those policyholders as a show of faith in the cap’s long-term effects, said Dr. Jensen. ■

Primary Care Update:

Diabetes Management for the Family Practitioner

Family practitioners are invited to attend this fourth in a series of seminars providing updates on topics of interest to the office based practitioner. The series is sponsored by Michael Reese Hospital and Medical Center.

Speakers will cover diagnosis and treatment of diabetes and review new standards and their implications for primary care. Nutrition, pharmacology and prevention and care of eye, kidney and foot complications will also be discussed.

Saturday, May 13, 1995

7:15am to 1pm

Chicago Marriott Downtown

540 North Michigan Avenue, Chicago, Illinois 60611

There is no charge for the seminar.

Call ReeseSource at 312-791-2500 for information or to register.

Michael Reese
Hospital and Medical Center

Leaving a legacy for

Membership and priorities on the new

BY KATH

General surgeon Raymond Hoffmann, MD, holds the position of ISMS president today, in part, because of a loose tooth and a pair of dental pliers.

"My cousin, who was a general surgeon and a missionary in Niger in West Africa, came back on furlough when I was 7. I had a loose tooth, and he had this pair of dental pliers and was going to get that tooth out of there," Dr. Hoffmann recalled. "I never let him take out the tooth, but he piqued my interest in medicine."

Except for one brief interlude, Dr. Hoffmann hasn't questioned the decision he made at age 7 to become a physician. "I almost made a sidetrack during college. I had a 4.0 in chemistry, and my organic chemistry professor wanted me to go into chemistry. He said, 'You're a scientist. Medicine is an art. And you're not a very good artist.' I got very confused because I'd always wanted to be a doctor."

To sort out his confusion, Dr. Hoffmann turned for advice to a family friend, a dentist he'd known since childhood growing up in suburban Detroit. The dentist introduced him to physicians in the doctors' lounge at a Detroit-area hospital. "I met a half a dozen, maybe a dozen, doctors and decided to go on trying to be a doc. And I've loved it ever since."

After earning undergraduate and medical degrees from the University of Michigan in Ann Arbor, Dr. Hoffmann was one of hundreds of people who enrolled in the Berry Plan, a lottery for physicians who wanted to complete their internships and residencies before entering military service. In the late 1960s, the

Army had determined it would need a certain number of general surgeons in the next five years, so an equivalent number of students selected by lottery were allowed to finish their training under the Berry Plan "with the idea they would go into the Army at the end," Dr. Hoffmann explained. He was selected and permitted to complete his residency training before serving in the military.

His selection was significant, since it was "hot Vietnam time," Dr. Hoffmann noted. "The guys who went in right after med school ended up on the front lines, in helicopters. I had one friend who flew around with a general because the general always wanted his doctor with him."

When he finished his residency at the University of Missouri in Columbia, Dr. Hoffmann was stationed in Virginia at Fort Belvoir, just down the Potomac River



I met a half dozen, doctors on trying to be loved its

future physicians

time issues are high
S president's agenda.

INFUORE



Eric Hausman & Associates

from Mount Vernon. During his two years of military service, he and his wife, Nancy, enjoyed the sights of Washington, D.C. They were tourists for two years and spent a lot of time at national monuments like the Lincoln Memorial. "When we got tired at night, we'd go visit Abe, while he sat in his chair. I met my family again. My residency had been very busy, and I've been busy ever since."

When his two years in the service were over, Dr. Hoffmann knew he wasn't destined to have a career in the Army. And his colonel did nothing to convince him to stay. "He talked to me about re-enlisting, and when I asked why, he said, 'You do well with paperwork,' which is an offense to any surgeon. In the next breath, he told me he'd seen a mortar shell blow up and kill a sergeant. I said, 'So you want me to go into the military because I can die and

do paperwork?' Needless to say, I didn't stay in."

Searching for work outside the Army, Dr. Hoffmann paid \$10 to a placement service, which sent his curriculum vitae to group practices around the country that were looking for general surgeons. After considering several places, he decided on Rockford Surgical Service. He began working there when he left the Army in 1976 as the nation celebrated the Bicentennial. "My discharge date was July 4, 1976. They had a celebration all over the country, they were so happy to 'get rid' of me from the military," he joked.

Nineteen years later, Dr. Hoffmann still practices at Rockford Surgical Service. He and his wife, who served as president of the ISMS Alliance and the Winnebago County Medical Society Alliance, live in Rockford and have two children. Nathan, their 22-year-old son, is working on his PhD in biomedical engineering, and Kristin, their 25-year-old daughter, plans to pursue a PhD in developmental psychology.

DR. HOFFMANN'S FIRST brush with organized medicine occurred after he'd been in Rockford for only six months. One of his partners told a local hospital administrator to contact Dr. Hoffmann to participate in establishing a paramedic program. The administrator, Dr. Hoffmann and a nurse created the program for the city of Rockford "from scratch." That experience helped interest him in organized medicine, because he learned a lot about politics. "We had to get it past the city council, the fire department, the township and the other hospitals."

(Continued on page 10)

en, maybe a
decided to go
oc. And I've
ince.

Leaving a legacy

(Continued from page 9)

A lobbying trip to Springfield also solidified Dr. Hoffmann's participation in organized medicine. "There was a medical society lobbying trip, and I got 'conned' into going to Springfield in a Winnebago with no shocks. When we got there and found out there was a lot to be done organizationally, my question was, Where are all the young doctors? Then, people on that trip knew they had me, and here I am 20 years later!"

Although he has served on the ISMS Board of Trustees for 12 years and was

speaker of the House of Delegates, Dr. Hoffmann never envisioned himself as a physician leader. "If you had told me when I was a resident that I was going to be an organizational physician, I would have told you that you were nuts," Dr. Hoffmann said.

But he thrives on the opportunities and challenges presented by organized medicine. "This is the place I've learned new things, met new people, grown personally. Medicine has been very good to me, and I don't want to be just a taker. I'm really excited about serving as president. I will be able to help [other physicians], to listen, to solve problems. In a

democratic organization, the president has to listen as much as he talks."

Helping preserve the benefits of tort reforms enacted this year is one of Dr. Hoffmann's presidential goals. To do so, he plans to focus on the process of professional discipline in Illinois. "We won tort reform, but we can't let it get away from us. My concern is, if we don't make sure we police ourselves very, very well, someone else is going to do it for us. I've talked with lawyers and media people, and they come back every time and say, 'You guys don't discipline yourselves very well, so we have to do it through court cases.' But we do a lot of

peer review in hospital quality assurance committees and county medical societies. I have learned that the court system is not the way to discipline physicians."

The process through which physicians are disciplined must be fair, specific and issue-oriented, Dr. Hoffmann said. Those goals hit home last month when he sat through a trial as a defendant in a malpractice suit. "I did nothing wrong and was sued and won. That's not policing, that's arbitrary punishment. It's shooting a bullet into a crowd and hoping to hit somebody."

"Clearly, if there is a bad doctor, we have to take him aside. If there's an impaired physician, we need to intervene. And if someone is doing something grossly illegal, we have to go to the authorities. But we also have to protect the rights of the injured and the rights of the accused physician," he stressed.

ENSURING ISMS' responsiveness to members' needs in the evolving health care marketplace is another of Dr. Hoffmann's goals. Through the development of a feasibility study to create a management services organization, ISMS will be ready to help physicians understand and deal with managed care issues and concerns, he said. "Where

Don't Gamble With Your Medical Benefits

Choose The PBT Office Benefits Program

- Health Care
- Dental
- Life

The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details
 **(800) 621-0748**

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by
Chicago Medical Society &
Illinois State Medical Society



PBT Physicians'
Benefits Trust

The legacy I'd like to leave is that I helped save some of the better parts of medicine – the high quality, the independence, the kind of free-thinking doctors need to solve problems.

does an individual physician being impacted by managed care go for help? If a single specialty group wants to sign a capitated contract with an HMO, how does it do that? Or if a group of specialists wants to form its own HMO, where does it go for help? They can come to us at the medical society."

Under his leadership, ISMS will continue to pursue legislative issues vital to medicine, Dr. Hoffmann said. "We need antitrust relief so we're able to talk to each other about money without the federal government coming in. That's clearly a legislative issue, and legislative assistance is one thing the medical society offers that no one else does."

But Dr. Hoffmann's goals reach far beyond ISMS and the immediate future of the medical profession. "I'm giving my own time to [organized] medicine so I can leave something for the kids coming after me. The legacy I'd like to leave is that I helped save some of the better parts of medicine – the high quality, the independence, the kind of free-thinking doctors need to solve problems. I want to give something back so there's a proud profession left behind."

Send ad copy with payment to Sean McMahan, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFI, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Illinois: Second BE/BC pediatrician for busy, diverse private practice in northwest Chicago suburbs. Fine 300-plus-bed acute care hospital and professional environment. Educated, affluent patient base. Strong communications skills a must. Contact Rebecca Turley, (800) 338-7107, fax (414) 785-0895, E-mail tlarsen@earth.execpc.com.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: gerontology, family medicine, internal medicine and surgery. Positions are available full time and part time. Competitive salary. Please mail CV to Larry Kaskel, MD, Home Physicians Inc., 1735 N. Ashland, Suite 301, Chicago, IL 60622; phone (312) 292-4800 or fax (312) 384-7053.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, Ob/Gyn, cardiology (noninvasive), outpatient psychiatry, orthopedic surgery, pulmonology and dermatology. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Internist or other specialties (BC): Part-time or flexible hours for prestigious Chicago Loop corporate practice. Supplement well- and sick-patient practice. Use of existing equipment, personnel and services part of arrangement. Computer literacy desirable. No on-call or evenings. Congenial atmosphere. Contact Laura Solomon, (312) 419-0070.

Cardiologist (BC): Prestigious corporate health practice, Chicago Loop, seeks individual or group to add specialty to our practice. Use of existing equipment and services (treadmill, EKG, X-ray, trained techs, office services, computer-generated reports) part of the arrangement. Call Laura Solomon, (312) 419-0070.

Board-certified specialists in cardiology, cardiothoracic surgery, vascular surgery, plastic and reconstructive surgery, orthopedics, urology, general surgery and Ob/Gyn to review medical records of medical malpractice cases to determine medical merit for plaintiff/defendant. Challenging opportunity with attractive hourly compensation. If interested, please call (800) 591-5600 for details. National Medical Resources Inc., 330 E. Roosevelt Road, Suite 2C, Lombard, IL 60148.

Physician/associate director: Northern Illinois University Health Service has an opening for an associate director of its ambulatory care facility. Position is approximately 80 percent provision of medical care, 20 percent administrative. Qualified applicant must be a board-certified physician and have or be eligible for Illinois licensure. Broad spectrum of training and clinical experience in primary care required. Preference given for experience in a setting that includes a high percentage of diverse young adults. Must have strong communication, interpersonal and clinical skills. Send letter, curriculum vitae and three references to Charles Bowen, Director, Health Service, NIU, DeKalb, IL 60115; (815) 753-1314. Applications accepted until position filled. EOE.

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and saving plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747; home, (708) 256-8486.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

BC/BE family practitioners: Residency-trained, full-time position - house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Situations Wanted

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

TIME FOR A MOVE?
IM, FP, OB/GYN, PEDS

OUR PROMISE

We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS:
CALL FOR DETAILS!

We track every community in the country . . .

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



The
Curare
Group, Inc.

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

FRAUD

Hear no **FRAUD**
See no **FRAUD**
IS THERE **FRAUD**?



Are you protecting your
ASSETS?

**CALL OUR HEALTHCARE
SPECIALISTS REGARDING
A REVIEW OF YOUR
CASH CONTROL
PROCEDURES**

MUELLER & CO.

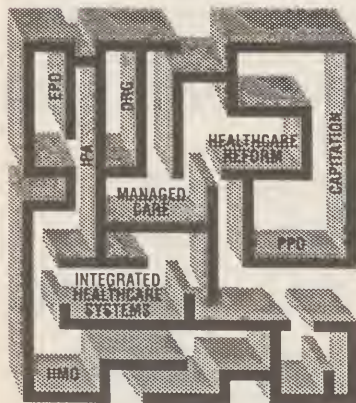
Certified Public Accountants
Management Consultants

Dwain Tataryn
Dave Nissen
Jim Hare

1750 Grandstand Place
Elgin, IL 60123
(708) 888-8600

and

1652 E. Main Street
St. Charles, IL 60174
(708) 377-2550



Has your path to
profitability become a
complex maze???

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovies, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has large swimming pool, four bed-bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$1,800 to \$2,200 per week through Nov. 30, \$2,500 to \$3,300 winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Southwest Chicago area: Vacant office space, 130-square-foot to 140-square-foot finished offices, 1,800-square-foot unfinished, suitable for one or two physicians - (708) 524-8918 or (708) 524-5198 after 6 p.m.

Miscellaneous

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

Patient Health Guides educate patients on common medical conditions: obesity, sinusitis and hemorrhoids. Written by board-certified internists. Ideal reception handouts, treatment supplements - \$9.95 sample pack, 10 each. Send check to TMC Inc., 831 W. Maple Road, Suite 113, Homewood, IL 60430; or call (800) 662-0744. VISA and MasterCard accepted.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

We bill electronically, and you watch your cash flow increase. Custom Medical Billing Service guarantees satisfaction. Call (800) 465-5313 for complimentary consultation. Custom Medical Billing Service.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Issues in Primary Care Conference, Friday, Sept. 15, through Saturday, Sept. 16, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.



Interested? Address your inquiries to:
Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.
Or call 312.808.4551, or fax 312.842.2496.

Humana®
Health Care Plans

Workers' comp

(Continued from page 1)

business coalition are the Illinois Manufacturers' Association, the Illinois Chamber of Commerce, the National Federation of Independent Business, the Illinois Retail Merchants Association and the Management Association of Illinois. As currently written, the business coalition's proposal blames many workers' compensation system problems on physicians, according to the ISMS letter.

In addition, the business coalition favors criminal sanctions and civil penalties for individuals who obtain or try to obtain compensation benefits with an intent to defraud the system. ISMS believes that individuals who attempt to reap illegal benefits should be subject to appropriate legal penalties. However, the Society letter stresses that fraud must be defined to distinguish between clear fraud and those "practices that may be distasteful to the business community." For instance, the business coalition has traditionally disapproved of physicians who bill workers' compensation carriers for more than they bill other insurers, the letter said. But physicians who bill more for workers' compensation do so because of the substantial administrative burdens heaped on them by the system, the letter continued.

"Physicians are concerned about fraud in workers' compensation, just as they are concerned about it in any other health system," said E. Richard Blonsky, MD, chairman of ISMS' Council on

Medical Service.

Another ISMS priority is avoiding attempts by the business coalition to limit patients' choice of physicians. State law already limits patients to two physicians of their choice before the company selects a doctor. "We object to any sys-

Physicians are concerned about fraud in workers' compensation, just as they are concerned about it in any other health system.

tem that deprives patients of the right to choose a physician," said Dr. Blonsky.

Businesses claim that limiting physician choice is necessary to control medical and indemnity costs. But there is no substantiated correlation between restrictions on physician choice and cost savings, the Society letter said.

In addition, patients are best able to determine the effectiveness of a doctor's treatment, said Don Johnson, president of the Illinois AFL-CIO. "If little or no

progress is recognized, it is in the injured worker's best interest – and that of the employer – to seek alternative care." If a doctor recommends surgery for an injured worker and that worker has the sense to seek a second opinion, he or she should not be penalized, he noted.

The AFL-CIO also opposes business-supported measures that would preclude injured workers from being compensated if they were intoxicated by alcohol or drugs at the time of the injury. ISMS supports limiting compensation only if a reasonable threshold is set for an amount of alcohol that would not impair a worker's ability to function. Individuals taking certain types of cough syrup could test positive for alcohol, or a person who consumed beer in the evening might have some alcohol in his or her system the next day, Dr. Blonsky said.

REPETITIVE MOTION injuries, such as carpal tunnel syndrome and tendinitis, are the fastest growing injuries in the workplace, increasing nearly 800 percent in the last decade, according to the Illinois AFL-CIO. The business group proposal would create a situation in which qualifying for compensation for such injuries was very unlikely. Physicians would be placed in the difficult position of determining whether workplace activity was the primary cause of the injury or to what degree that activity contributed to the injury, the ISMS letter stated.

Such attempts to limit the scope of workers' compensation coverage could result in new groups of uninsured people, ISMS cautioned. If employees have no coverage for medical expenses and are unable to work, they will be unable to pay for those expenses, the letter added.

The business group proposal also calls for the workers' compensation system to begin using managed care, including utilization review, treatment parameters and cost containment through HMO options. ISMS strongly opposes this suggestion, because managed care is designed for well patients, not injured workers. For ISMS to accept managed care options in the reform measures, they must include patient choice protections, peer-reviewed credentialing and selection procedures for physician services, provisions to protect patients from abandonment, peer-reviewed and peer-based utilization review procedures with medical decisions approved by Illinois-licensed physicians, any-willing-provider provisions and protections against employer harassment or adverse actions against physicians who advocate medically necessary services for patients. In addition, ISMS is taking no position on collective bargaining agreements regarding health care coverage, since that process provides patient input into coverage decisions.

ISMS also opposes the elimination of a set fee schedule and balance billing. Patients, not employers or insurers, are ultimately responsible for the payment of services, the letter said. In the past, business and labor groups have complained that employees are sometimes harassed when their medical bills go unpaid during the course of a workers' compensation dispute. They suggest that the problem would be resolved by eliminating balance billing.

In accordance with long-standing ISMS policy, the Society suggests workers' compensation carriers pay physicians directly for medical services ren-

dered to injured workers when the claim is settled or before the patient receives the final settlement. Payment for those services should be made within 60 days of receipt of the bill. Any payment made after that time should include a 1-percent penalty charge for each month the payment is late. In addition, physicians should also be permitted to place liens against potential workers' compensation settlements.

The Society is also concerned about efforts to write AMA guidelines regarding evaluation of impairment into the bill as a basis for determining compensable loss. Such national standards cannot measure the extent to which an injury affects an individual's ability to work, the letter said.

Based on physician and patient concerns, ISMS also submitted comments on the following areas of proposed change to workers' compensation. Specifically, the Society supports

- The ability of patients to preserve their confidentiality by contesting the release of medical records that are not pertinent to the case;
- Improved notification of employers by workers when they are medically approved to return to work;
- Supplemental disability payments to workers who are able to participate in modified work programs and prompt placement of workers in positions that allow for limited levels of activity as approved by the patient's physician;
- Classification of AIDS as an occupational hazard disease for health care workers who become HIV-infected while rendering care;
- Payment of benefits for occupational diseases caused by a workplace environment, as well as for conditions, diseases and pre-existing ailments that are aggravated by employment;
- Total payment by workers' compensation for pre-existing disabilities, because those disabilities would not have recurred if the employees had not been performing the work that aggravated their condition;
- Mandated workplace safety commitments for employers that have 50 or more workers and that have high workers' compensation claims; and
- Workers' compensation carriers' use of county medical society referral and peer review systems to identify specialists and review physician services instead of creating additional arbitration panels.

The Society opposes

- Limits on compensation for disability benefits to those patients whose condition cannot be supported by objective medical evidence, since this would preclude workers from receiving compensation for pain-related problems; and
- The suggestion by business that "reasonable time frames" be developed to determine the duration of temporary total disability and the point at which "maximum medical improvement" has been achieved. ■

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urgent Care
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329

H.B. 20 provisions

(Continued from page 1)

"All the evidence is cold then."

One provision in H.B. 20 clarifies a hospital's vicarious liability regarding physicians who work as independent contractors. It was crafted to stem the increasing number of lawsuits filed against hospitals and doctors for large sums of money, Baron said. In many of those suits, hospitals were found liable for doctors' actions, even if the physicians were not employed by the facility. In such specialties as emergency medicine, radiology and anesthesiology, many physicians work as independent contractors at hospitals but are not hospital employees, he added.

In recent years, hospitals have expressed concern because they were liable for the actions of physicians whom they did not employ, said ISMS General Counsel Saul Morse. In fact, in 1993, the Illinois Supreme Court ruled in

Gilbert vs. Sycamore Municipal Hospital that "under the doctrine of apparent authority, a hospital can be held vicariously liable for the negligent acts of a physician providing care at the hospital, regardless of whether the physician is an independent contractor, unless the patient knows or should have known that the physician is an independent contractor."

In the Gilbert case, a patient who complained of chest pain was brought to the hospital by ambulance. The patient was treated and released by the emergency room physician on call. Later that day, the patient died of a heart attack at home. The patient's family filed a wrongful death and medical malpractice lawsuit, alleging negligence against the physician and the hospital. The plaintiff settled with the physician but continued the suit against the hospital.

At trial, hospital officials argued successfully that the institution could not be liable for the acts of a physician who

treated the patient in the hospital's emergency room. The trial court granted a summary judgment, and the judgment was affirmed on appeal. But the Illinois Supreme Court reversed the decision and remanded the case.

The high court listed three essential elements that plaintiffs must prove to win a suit under the doctrine of apparent authority. First, the hospital must have held out the physician as its agent in such a way that a reasonable person could have concluded that the doctor was a hospital employee or agent. Second, the physician must have acted in a way that created the appearance of apparent agency, and the hospital must have known about those actions and acquiesced to them. Third, the plaintiff must have relied on the conduct of the hospital or physician.

After the Supreme Court's decision, some physicians feared the courts would broaden the law to include doctors who cover one another on call, Gellen said. But under H.B. 20, hospitals are not

responsible for actions taken by doctors who are not directly hired by them, and physicians are not responsible for the actions of referred or substitute physicians. "Plaintiffs are no longer able to argue that hospitals are responsible for a physician's actions," said Mark Fedota, an attorney with Brinton & Fedota in Chicago. Because of this provision, there will probably be fewer lawsuits filed against hospitals and physicians, Fedota predicted.

Illinois' new law also protects physicians from double recovery by plaintiffs' families in wrongful death suits. Traditionally in such cases, plaintiffs recovered for their losses after the alleged injury. Then after the death of those plaintiffs, their families filed wrongful death suits to collect damages from physicians again, leading to possible double recovery, Baron said. "[Now] the law states that if [an incident of] malpractice occurs, a victim's family must decide whether to sue before or after the victim dies." ■

Credentialing rules

(Continued from page 1)

in writing their reasons for granting, limiting, renewing or denying medical staff membership and clinical staff privileges, said Alex Spadoni, MD, chairman of the Hospital Licensing Board. The explanation must include "all reasons based in whole or in part [on] the applicant's medical qualifications or any other basis, including economic factors," the rules state.

"This spells out much more clearly and in greater detail [than ever before] what

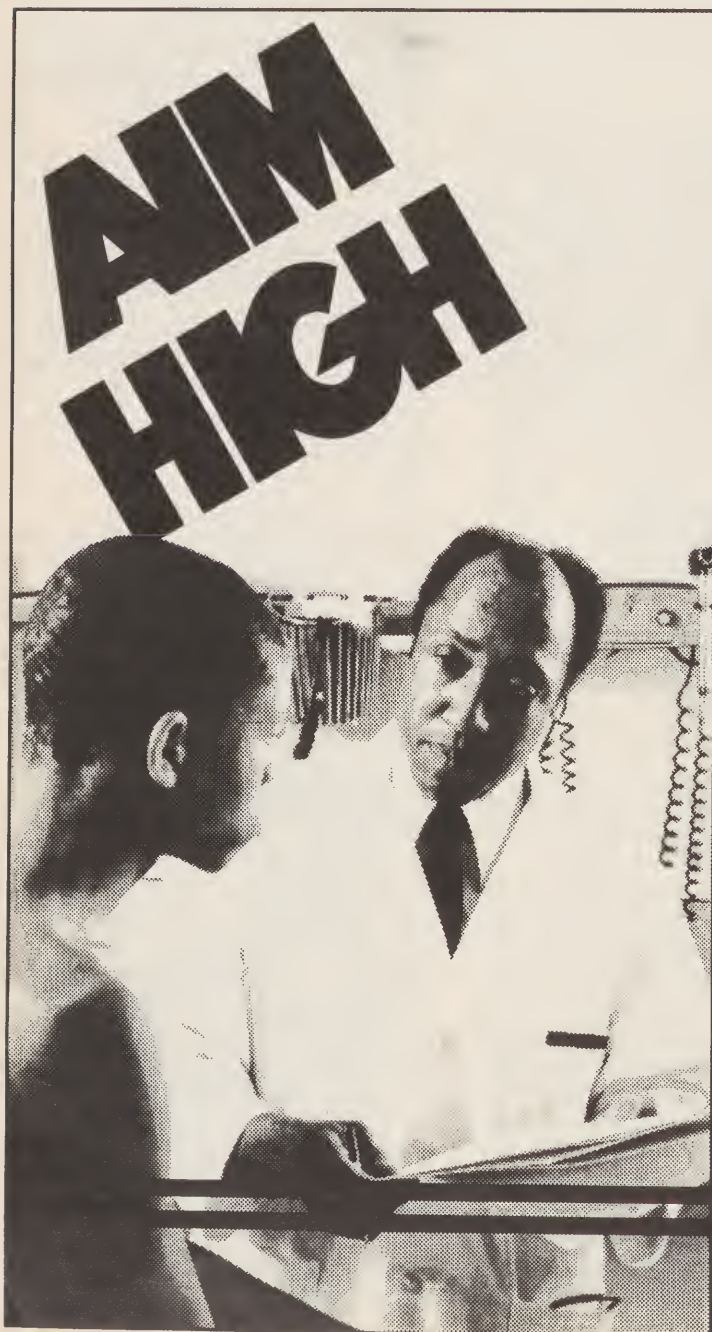
hospitals have to do," Dr. Spadoni explained. "I think it provides physicians – both new applicants for hospital staff positions and physicians with current staff positions – more due process protection against their privileges being reduced or revoked for purely economic reasons." That protection also extends to salaried, hospital-based providers, he added.

The rules also establish broad hearing rights for physicians who have been affected by adverse decisions. For example, a hearing panel – whose members are approved by the medical staff and

the hospital governing board – can make independent recommendations, including those about adverse decisions, to the hospital board before such decisions take effect. Panel members have the right to inspect all pertinent information regarding the decision and to present witnesses and other evidence at the hearing. In addition, the rules require hospitals to give physicians 15 days' notice before implementing membership nonrenewals or clinical privilege limitations based substantially on economic factors. That provision allows adequate time for

physicians and patients to make alternative arrangements for care.

If economics play a major role in adverse decisions about medical staff membership and clinical privileges, those decisions must be reported to the Hospital Licensing Board before they become effective, according to the rules. "Those reports shall be utilized to study the effects that hospital medical staff membership and clinical privilege decisions based upon economic factors have on access to care and the availability of physician services," the document said. ■



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist.

Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF





A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a "consent to settle" provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“I wasn’t sure if I should **settle**, so the ISMIE review committee heard me out. They’re doctors. So I knew their decision would be a **fair** one.”



The person most qualified to evaluate the actions of a doctor is another doctor. That's why the Illinois State Medical Inter-Insurance Exchange created the Physician Review Committee. The committee is composed of doctors from all areas of the state, with extensive cognitive and surgical expertise. The members carefully review your malpractice case, and seek expert opinions from other physicians in your specialty. They'll even take your input into consideration. Whether your claim is settled or goes to trial, rest assured: you can trust the people making decisions about your case. Because at ISMIE, they're doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

05/31/95

Delegates
elect new
ISMS
physician
leaders

PAGE 6

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • MAY 19 1995



Alliance
members get
a grip on
fighting crime

PAGE 8

House debates managed care, patient issues

OVERVIEW: Delegates
address physician
concerns. BY MARY NOLAN

[OAK BROOK] During the ISMS Annual Meeting April 21-23 in Oak Brook, the House of Delegates acted on key issues related to managed care, public health and legislation. All resolutions were debated in reference committees before being discussed and called for a vote on the House floor.

Resolutions dealing with managed care covered such issues as patient choice of physicians and insolvent managed care organizations. Delegates called for ISMS to support any-willing-provider legislation, which would enable any physician who agrees to adhere to the policies of a managed care organization to participate in the plans offered by that entity. Also approved was a resolution stating that board certification should not be the sole requirement for participation in managed care plans.

Another credentialing-related resolution that generated significant discussion dealt with doctors' access to physician hospital organizations. The HOD passed the recommendation for physicians to have equal access to PHOs at their hospitals.

(Continued on page 6)

INSIDE

The new face
of alliance
leadership



PAGE 3

Council addresses
public health and
legislative issues

PAGE 2

DEPARTMENTS

News Briefs.....2

Commentary.....4

ISMIE Update7

Classifieds11

Parental notification bill advances

ROUNDUP: Health care legislation is on lawmakers' agendas in the House and Senate. BY MARY NOLAN

[SPRINGFIELD] On May 3, the House Executive Committee passed S.B. 836, a parental notification bill sponsored by Sen. Kirk Dillard (R-Downers Grove). The bill, which now awaits consideration by the full House, calls for physicians to notify the parents or legal guardians of women under 18 who seek abortions. The measure permits the attorney general or state's attorney to pursue court action against physicians who fail to meet the bill's notification requirements. The bill also mandates civil penalties of \$1,000 for the first offense and \$5,000 for subsequent offenses for physicians who fail to comply. ISMS opposes the penalty provisions in the bill.

ISMS also opposes the penalty provisions in a parental consent bill sponsored by Sen. Edward Petka (R-Plainfield). S.B. 1100 requires underage women to provide physicians with written consent from parents or legal guardians before obtaining an abortion. The measure allows girls to apply for waivers if parents or legal guardians

are unavailable to provide consent. According to the bill, physicians who intentionally circumvent the law will be charged with a Class A misdemeanor.

H.B. 955, a compromise parental notification bill that advanced from committee May 9, requires physicians to notify an adult family member 48 hours before an abortion is performed. Physicians who fail to comply will face a \$1,000 fine for the first offense and \$5,000 for subsequent violations levied by the state Medical Disciplinary Board. The measure allows for girls to ask circuit court judges to waive the notification requirement and requires the court to appoint a guardian ad litem. Girls who are victims of abuse could sign a statement verifying that abuse, bypassing the notification requirement. ISMS does not oppose the measure.

In April, the House voted down a bill that would have denied medical and general assis-

(Continued on page 14)

Consultants' guidelines increase in popularity

COST CONTAINMENT: Insurers are using the Milliman & Robertson recommendations to determine patients' recovery time. BY JANICE ROSENBERG

[CHICAGO] During the past five years, insurance companies, HMOs and other health services organizations nationwide have more and more turned to four thick volumes of medical information known collectively as the Healthcare Management Guidelines. The guidelines cover inpatient and surgical care,

MANAGED CARE

return to work, ambulatory care and home health care and case management. They are published by Milliman & Robertson Inc., a Seattle consulting firm.

But physicians are concerned that the guidelines can detract from patient care. In fact, the AMA believes the Milliman & Robertson guidelines are being misused by the insurance industry, said Ted Lewers, MD, an AMA trustee. "They were originally intended to be optimal recovery guidelines. The problem is that the insurance industry takes guidelines that were based on the top 10 percent of patient outcomes and makes them standards for the other 90

percent."

"We've tried to define the best practices that will be applicable for some [patients] and perhaps even a majority of the under-65 population," contended Richard Doyle, MD, a health care management consultant at Milliman & Robertson. "We describe what we think will be efficient care for the patient who does as well as one hopes and has no complications."

Milliman & Robertson was founded in the 1940s as a health care actuarial consulting firm. Its health actuaries have been compiling utilization and health care cost data since 1954, and the health care guidelines have been published and updated regularly since 1990, according to information from the company. Sales of the vol-

(Continued on page 13)



John McNulty

DURING AN ADDRESS to the ISMS House of Delegates last month, AMA President Robert McAfee, MD, updates Illinois physicians on federal tort reform efforts. Dr. McAfee also detailed the AMA's new public awareness campaign, which highlights medical miracles performed by the nation's physicians.

Council addresses public health and legislative issues

The ISMS Council on Medical Service considers issues related to medical care and health services in the public and private sectors. Council members also examine proposed legislation and regulations and discuss how such proposals could affect Illinois physicians, said E. Richard Blonsky, MD, council chairman.

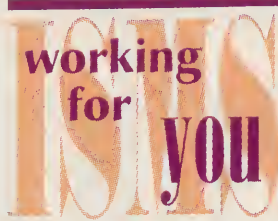
Reviewing proposals and making recommendations to reform the state's workers' compensation system are currently the council's major responsibilities, Dr. Blonsky said. "The council has looked at numerous proposals put forth by the Illinois Manufacturers' Association, the Illinois Chamber of Commerce and other groups concerned about and interested in changing workers' compensation laws. We're trying to see which recommendations are appropriate for medical change and which ones conflict with appropriate care and violate patient confidentiality. We're looking at what essentially is good medical care."

As part of its workers' compensation

reform activity, the council has provided the ISMS Governmental Affairs Council with input, Dr. Blonsky noted. Among physicians' concerns are ensuring patient choice of physicians, maintaining confidentiality of patient records and safeguarding patients' ability to receive appropriate compensation for repetitive trauma injuries like carpal tunnel syndrome, he said. The council is using ISMS policies to frame its recommendations.

In addition, the council considered how to implement ISMS House of Delegates policy calling for legislation requiring HIV-infected individuals to be reported by name to public health authorities. The policy also recommends that the sexual partners of HIV-infected individuals be notified of their potential exposure to the virus.

"We looked at what other states that had instituted reporting by name had done and how it had gone," explained



council member Karen Scott, MD. "We presented that information and recommended that it would be helpful to have name reporting. Because of [HIV's] long incubation period, it is hard to figure out where the disease is going. We hope [name reporting] will lead to better tracking of the disease."

The council also advised ISMS to pursue legislation that would tighten confidentiality provisions before pursuing the tracing of contacts, Dr. Blonsky said. Legislation should protect records that include information about sexually transmissible diseases from being discoverable in civil actions, he noted.

Monitoring the state's Vaccines for Children and Vaccines for Children Plus programs is another ongoing council project. Under VFC, certain children, including the uninsured and those on Medicaid, will receive free childhood vaccines. VFC Plus expands coverage for free childhood immunizations to all chil-

dren whose insurance does not pay for such well-child services.

At a recent meeting, the council discussed the lack of physician participation in VFC and VFC Plus, Dr. Blonsky said. Information from the Illinois Department of Public Health said that low participation could be caused by delays in delivery of the vaccines to physicians, he explained. Council members told IDPH officials that ensuring proper funding for the programs is necessary to guarantee universal availability of vaccines. They recommended that the ISMS Board of Trustees formally endorse the programs and promote them to members.

Recently, the council also reviewed a revision of the Illinois Emergency Medical Services Act. Members met with representatives of the Illinois Pre-Hospital Care Coalition and IDPH to review proposed changes and anticipate the act's implications, Dr. Blonsky explained. The council advised ISMS to support the revision, he added.

Heart Association launches student science program

[CHICAGO] Elementary, junior high and high school students are learning about science through a program sponsored by the American Heart Association of Metropolitan Chicago. As part of the Wild About Science program, the AHA sends physicians, medical students, paramedics, nurses, researchers and other medical professionals to Chicago-area schools to show that science careers can be stimulating, said AHA spokesperson Liz Horan.

"The goal of our new Wild About Science program is to excite students by introducing them to the real world of science," noted Brenda Russell, chairman of the AHA's Science and Health Promotion Committee. "We're now hoping to inspire future scientists. Our volunteers are truly role models — practitioners and researchers in science-oriented professions."

Cardiologist Paul Sobotka, MD, medical director at Merck Co. in Oak Brook and a faculty member at Loyola University, is one of those volunteers. He has spoken about health careers and health care issues to students in the third through sixth grades in Arlington Heights. During his presentations, Dr. Sobotka introduced the students to a female scientist from Merck and used an interactive CD to stimulate student interest in health issues like exercise and nutrition. "It is emotionally very satisfying to talk to kids about health maintenance because they're an eager, receptive audience. They are keen to do all they can to take care of themselves," he said.

The AHA initially designed the program to demystify research but has since expanded it to include all areas of science. "Our first idea was to get researchers out there to show that you're not a weirdo if you're interested in research. Then we decided, Why limit it to one area? We want to get kids interested at an age where they're starting to doze off in science class," Horan explained.

The AHA matches volunteers with schools near their homes or offices and

provides them with suggested classroom activities. Teachers are given lesson plans that can be used along with the scientists' visits, Horan said. Materials are provided but volunteers are encouraged to select their own topics. "These aren't canned talks from the AHA."

Since announcing the program last November, more than 400 schools in Cook, DuPage and Lake counties have requested speakers. "We were in a panic to get speakers," Horan said. But the scientific community responded, and about 130 people volunteered.

To volunteer, call (312) 346-4675. ■

Illinois Blues joins CHIN board

[CHICAGO] Blue Cross and Blue Shield of Illinois is the newest member of the board of directors of the Metropolitan Chicago Community Health Information Network. As a member of the board, the Blues will join ISMS and the Metropolitan Chicago Healthcare Council in developing the Metro-Chicago CHIN and will provide financial support for the project. ISMS and MCHC each hold seven of the board's 20 seats, and

the Blues will hold one of the remaining six seats.

"We are pleased to welcome Blue Cross and Blue Shield of Illinois to the CHIN," said Harold L. Jensen, MD, chairman of the CHIN board. "As the largest health insurer in Illinois, the Illinois Blues will greatly enhance the CHIN's effectiveness."

Once fully operational, the Metro-Chicago CHIN will be one of the largest and most comprehensive computer networks of its kind in the nation. It is being designed to facilitate the exchange of clinical, financial and administrative data and to maintain patient and physician confidentiality. Enhancing quality patient care and reducing health care delivery costs are the primary goals of the CHIN, Dr. Jensen said.

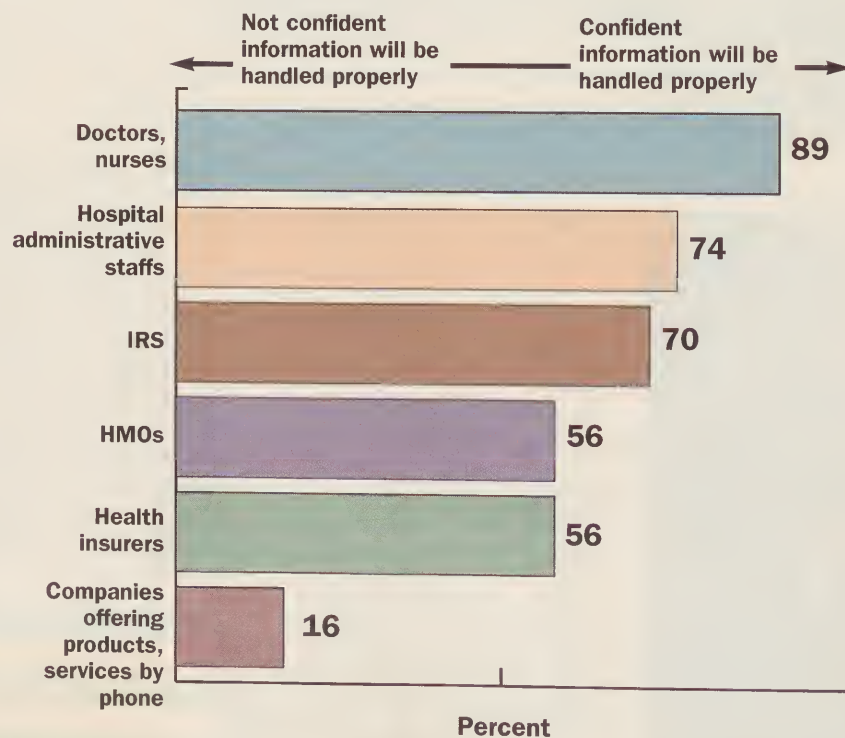
"The CHIN will allow physicians to verify patients' health insurance coverage instantaneously, to submit claims to insurers and to make referrals that meet all managed care guidelines," he explained. "This new system will greatly increase the quality of care for patients because faster, more efficient administrative functions will reduce paperwork and hassles."

"We see the partnership we have developed with Blue Cross as a significant start to involving all payers in the development of the CHIN," said William Lewis, the project's executive vice president and chief executive officer. Participation by insurers is key to the program's success, he added. ■

PHYSICIAN FACTS

Confidentiality

How consumers rate the handling of their personal information



Source: Equifax Inc., 1994

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

The new face of alliance leadership

VOLUNTEERISM: The president-elect of the Sangamon County Medical Society Alliance is a male lawyer. BY KATHLEEN FURORE

[SPRINGFIELD] Like many outside the medical profession, David Reid wasn't aware of how much the Sangamon County Medical Society Alliance contributed to the community. But when his wife's stepmother told him about alliance activities, he decided it was the kind of service group he'd been looking to join.

"It kind of opened my eyes," said Reid, an attorney with Brown, Hay & Stephens in Springfield and president-elect of the Sangamon County alliance. Reid is one of five male members of the county alliance, and when he becomes the group's president next year, he will be the first man to serve in such a capacity for a county alliance in Illinois. He is married to der-

matologist Beth Strow, MD. "People typically think of physicians' spouses [as] talking about where they went on vacation. But it became clear to me that the alliance was doing a lot of things that don't

necessarily get publicized but that are important to the community. I decided to pick it as a worthwhile group to contribute my time to."

Since joining the alliance in 1992, Reid has participated in a number of legislative and philanthropic projects. For one project, he delivered weekly baskets of fruit and baked goods to the local Ronald McDonald House. And for the past two years, he served as the legislative coordinator for the group's mini-internship program.

"We give [the mini-interns] scrubs and white jackets and start them at 5:30 a.m. going on rounds," Reid explained. "It's not a propaganda attempt but an attempt to make them aware of issues physicians frequently encounter." After each internship, the alliance holds a "wrap-up dinner," during which the interns, physicians and alliance members exchange ideas and recommend ways to improve the health care system, he added.

In addition to the Ronald McDonald House and mini-internship activities, the Sangamon County alliance sponsors other community service programs, Reid noted. For example, as part of its LifeSkills program for disadvantaged women, alliance volunteers supervise and staff weekly parenting play groups and work with county health care agencies to provide bimonthly childbirth classes.

In conjunction with local social service agencies, alliance members also participate in the Helping Hands and Oasis programs. Helping Hands volunteers help identify and address the specific health care needs of the homeless. Oasis volunteers help homeless children deal with the emotional, social and academic issues they face, Reid explained.

Alliance volunteers also work with the Sangamon County Medical Society to support and staff the HealthFirst Community Clinic, a health care facility for the working poor, Reid noted. "These people may not qualify for public aid, but they don't have insurance."

In addition, physician spouses participate in an AIDS education program with Southern Illinois University's School of Medicine. Through the program, volunteers visit local junior high and high schools to discuss HIV and AIDS.

Two scholarship programs are also administered by the alliance, he said. The Pat Evenson Scholarship, named for

a former alliance member, awards money to student nurses in the county. The group's Illinois Teen Institute Scholarships for Sangamon County presents awards to four local teens who have helped prevent alcohol and drug abuse through positive peer pressure.

Reid said he hopes to increase awareness of the organization's activities dur-

ing his tenure as president in 1996. For instance, he plans to continue bolstering efforts to educate legislators, community leaders and the public about all aspects of medicine, including insurance and managed care.

"In the past, there was a common misperception that the alliance was primarily a group of women who weren't working and had time to hold teas and fashion shows. But that's not the case," Reid stressed. "There are a lot of volunteer programs the alliance and the medical society are sponsoring, and they're making a lot of financial contributions. We need to do a better job communicating that to the community."



Reid



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

OUTPATIENT FORMULARY UPDATE

As previously reported to Illinois physicians in the *Blue Sheet* of March 24, 1995, Blue Cross Blue Shield of Illinois (BCBSI), with the services of Wellpoint Pharmacy Management, has adopted a new outpatient prescription drug formulary. Since the time of the initial formulary distribution in early 1995, the Pharmacy and Therapeutics Committee has met for the purpose of considering additions and other modifications to the content of the Formulary. While actual page revisions will be periodically printed and distributed to all physicians, we would like to take this opportunity to convey the recent modifications, as they became effective 4/1/95.

The following pharmaceuticals have been **added** to the BCBSI Formulary:

- Antipsychotics** - this entire therapeutic class was reviewed by the Committee, which voted to retain all current neuroleptics on formulary, and to add **Risperidone** (Risperdal) and **Dibenzazipine** (Clozapine, Clozaril). Both of these are relatively new agents, with either a favorable side effect profile (Risperidone) or unique efficacy (Clozapine). The Formulary will contain a footnote for Risperidone to clarify dosing regimens, and Clozapine will be noted as being indicated as a third line agent.
- Diuretics** - this class of drugs was reviewed with an emphasis on examining a particular drug that has no negative lipid profile side effects, namely **Indipamide** (Lozol). Lozol was added to the Formulary, along with **Metolazone**, which was included as it is particularly effective in patients with glomerular filtration rates less than 20 ml/min.
- NSAIDs** - although this class was not up for full review, a follow-up analysis of various newer products was presented, and utilization profiles examined. The only new changes to this class are that the **generically available drugs Sulindac, Flurbiprofen and Diflunisal** were added to the Formulary.

The Committee also reviewed the therapeutic class of nitrate agents, with particular emphasis on the newer mononitrate products. As they offer no significant advantages over current agents, but have higher average wholesale prices, they were not voted for formulary inclusion. National utilization of these products will be monitored however, and they will be revisited in six months time.

The Pharmacy and Therapeutics Committee meets quarterly, and in the near future will be reviewing the following therapeutic classes - oral contraceptives, dermatologicals, beta blockers, and anxiolytics/hypnotics. Physicians are encouraged to submit their recommendations for any formulary changes by following the procedures outlined in the Formulary book, or by communicating them in writing to Burton F. VanderLaan, M.D., BCBSI Corporate Medical Director for Quality Improvement, and Chairperson of the Pharmacy and Therapeutics Committee.

Illinois Medicine

VOLUME 7, NUMBER 10

MAY 19, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	Harold L. Jensen, MD
Alfred J. Clementi, MD	William E. Kobler, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Arthur R. Traugott, MD	

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos; PRODUCTION ASSISTANT, Sean McMahan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Fighting for federal reform

Despite vigorous efforts by the AMA and other liability reform proponents, the compromise tort reform bill that passed the U.S. Senate May 10 was stripped of all provisions dealing with medical malpractice. Essentially, the measure is a narrow product liability reform bill that does not include any medical malpractice lawsuit reforms. An AMA-backed amendment that would have imposed a \$500,000 limit for such awards in medical malpractice cases was tabled earlier in the session, procedurally barring it from a vote.

Significant medical liability reforms had advanced in the Senate, but in the end, bill sponsors could not muster enough votes to end a Democratic filibuster until the measure was whittled back to address only product liability. Illinois Sen. Carol Moseley-Braun voted for the measure after the medical malpractice provisions were deleted. Illinois' other senator, Paul Simon, voted against the bill and against previously amended versions that included medical malpractice reforms.

The bill's passage leaves supporters of medical liability reform gearing up for a conference committee battle to maintain in any final legislation the \$250,000 cap and other medical malpractice-related reforms that previously passed the House. Unfortunately, the House and Senate versions of the bills bear little resemblance to one another, so the fight

will not be easy.

But there is room for encouragement. In recent years, similar attempts in Congress to reform the nation's civil justice system were stymied. This year's widely covered debate demonstrates that the tide is slowly turning.

The progression of federal bills to conference committee is an initial chink in the plaintiff attorneys' armor. It is a "rare setback for one of Washington's most formidable lobbies, the Association of Trial Lawyers of America, which has justified its very existence largely on its ability to kill federal tort legislation," according to the Wall Street Journal.

"This is an historic defeat for the trial lawyers and a victory for the vast majority of Americans who support common-sense legal reform," noted the U.S. Chamber of Commerce. However, it's disappointing that medical malpractice reforms weren't part of that victory.

The trial bar now will undoubtedly boost its attack on federal tort reform bills. And organized medicine stands ready to renew efforts aimed at passing meaningful reform.

Here in Illinois, we know that achieving tort reform is a long and arduous process. Passage of H.B. 20 by the Illinois General Assembly marked the culmination of 20 years of work by physicians and other tort reform supporters. It was worth the wait. But we hope a congressional remedy for medical liability concerns will come much more quickly.

PRESIDENT'S LETTER

Democracy works if we know the rules

Raymond E. Hoffmann, MD



We need to stay together as physicians so that we can face the future in strength.

The House of Delegates has met again. Delegates from all over the state came together in Oak Brook on April 21. More than 200 members were present each day.

What does the House of Delegates do? Why do we have an annual convention? Don't we go to learn medical things? How can we get so tired? These are just a few of the questions asked by those who attend the meeting and those who don't.

Activities were spontaneous and planned. Meetings and conversations were going on in the hallways. The Alliance meeting took place at the same time. An annual luncheon was held for those who have been serving patients for 50 years. All this and more. Members from different geographical areas held caucuses at which they talked about who would be nominated for officer positions and what issues were most important to them.

The outgoing president said his farewells. The chairmen of the boards of ISMS and ISMIE spoke. Awards were handed out. In my speech, I told the delegates who I am and what I am about. All this activity seemed chaotic. How can anything as important as the Illinois State Medical Society be run this way?

As an officer, I have been fortunate to watch this many-ring circus from the podium for the last six years. Four of those years were spent as vice speaker and speaker. Each year I am impressed. In spite of everything, democracy works. When 200 people are assembled and given the assistance of a set of parliamentary rules and a leader, it works. Democracy is so ingrained in our society that even small children gavel meetings to order, vote and adjourn.

The ISMS House of Delegates handled 92 resolutions. These ranged from placing hand-washing signs in public bathrooms to a proposal to abolish the Health Care Financing Administration in Washington. As always, the resolutions prompted hours of debate and discussion in reference committees and on the House floor. Then,

each adopted resolution was sent to the ISMS Board of Trustees for implementation. Finally, the board will take appropriate action - writing letters to government agencies, changing or developing ISMS policy, or sending lobbyists off to do battle for the Society.

For the first time I can recall, this year saw elections contested on the floor of the House. Usually each section of Illinois - Downstate and Cook County - puts forth a slate of candidates whom their delegates have elected. To many people this year, these elections became so important that scheduled programs and meetings were delayed and debate was limited, seemingly eclipsing policy decisions. But that was necessary for democracy to work.

Democracy works, however, because it follows rules. Most of these rules have been formalized in Sturgis and Roberts Rules of Order. Resolutions are submitted, discussed and adopted or not. The speaker facilitated this process by using the rules. There is one rule, however, that is not in writing but is more important than all those in Sturgis.

THAT RULE IS, once the majority has spoken, we all agree to support those decisions until the next opportunity to revote the issue. When a policy is decided on, we all respect the majority position. When a candidate is selected, we all support that person until the next election. Certainly we cannot all agree on all issues and candidates, but we have to stick together. We may have differing practice structures, specialties, geographic locations, nationalities and genders. We may also have differing perspectives on policies inside and outside ISMS. But we need to stay together as physicians so that we can face the future in strength.

Democracy works if we understand the rules. We need to come together, stand behind our elected officers and defend our policies. And if we don't agree with the majority, we need to campaign appropriately the next time.



"There's something funny going on around here."

Quotables

"Basic observation: Hot food and hot drinks are hot. If you spill hot food or drink in your lap, you likely will get burned. It's not the food's fault. It's your own clumsy fault. That's why we were glad to see some judicial good sense applied to one of those 'Your-hot-food-jumped-in-my-lap-and-burned-me' lawsuits."

— **Chicago Sun-Times editorial**, on a recent case in which a Mississippi jury ruled against a plaintiff who spilled hot chili in her lap, then sued a Wendy's restaurant

"Discourage litigation. Persuade your neighbors to compromise whenever you can. Point out to them how the nominal winner is often a real loser – in fees, expenses and waste of time."

— **Abraham Lincoln in 1850**, as quoted in Ann Landers, Washington Post

"It can't be good medicine to have doctors doing things that in their best judgment they wouldn't do other than for the fear of lawsuits."

— **Missouri Sen. John Danforth**, St. Louis Post-Dispatch

"The plan would expand and improve upon California's approach. That won't take insurance adjusters and trial lawyers out of the doctor's office, but it can put them back in the waiting room."

— **USA Today**, on a tort reform bill being considered by the Senate Labor and Human Resources Committee

"We went through the malpractice crisis. Now are we on the edge of the criminal prosecution crisis? If hospitals and doctors were fearful before, now they're going to be on the edge of complete paranoia."

— **Arthur Caplan, MD**, of the University of Pennsylvania, on the ripple effect of criminal charges filed against health

care providers for misreading Pap smears, L.A. Times

"You don't have to be an HMO to manage care. Managing care means being efficient and being able to offer a provider product in a very efficient way that will be attractive to insurance companies, HMOs and the state."

— **Joanne Pollak**, Johns Hopkins Health Systems, Baltimore Evening Sun

"These companies may want to portray themselves as kind of warm and cuddly, but they are big-time business, not quasi-charitable organizations. From a political standpoint, these numbers are obviously fodder for groups advocating national health care."

— **Alan Johnson**, an executive compensation consultant, on statistics showing that the 1994 cash and stock awards for the chief executives of the seven biggest for-profit HMOs averaged \$7 million, New York Times

"This is a fight over not just choice versus economy but control. It's a dispute over that most explosive of questions: Who has the power? The current system does have some holes and may indeed need adjusting; what it doesn't need is a lot more public bureaucracy piled onto the private kind that doctors, patients, hospitals and businesses already have to deal with."

— **Arkansas Democrat-Gazette editorial** on an any-willing-provider debate in the state legislature

"The Medicare program is the equivalent of a '65 Chevy that has gone 800,000 miles without a tune-up. No one should be shocked that it gets two miles to a gallon and backfires. Congress' answer shouldn't be to put less fuel in the tank. The answer should be to put in a new engine."

— **Tom Scully**, president of the Federation of American Health Systems, AHA News

GUEST EDITORIAL

No day or week can escape a health-minded designation

By Mike Harden

Reprinted, with permission, from the Columbus (Ohio) Dispatch.

Just for the fun of it, should you board an elevator filled with strangers sometime during the rest of this month, wait until the door has closed and then boisterously exclaim: "Hey, everybody! I just want to wish you and all of your families a happy, joyous and prosperous National Sexually Transmitted Diseases Month."

They will thank you for it. Maybe. They may even let you stay on the elevator until you reach your floor.

I wouldn't incite anyone to invite the antipathy of total strangers on such a matter but for the fact that I have lately become alarmed that not a single week of the year is free from the obligation to become more aware about one health risk or another.

Make no mistake (and, please, send me no angry letters): I do not intend to diminish the importance of any of these events.

Still, though the year is not yet four months old, I have already been through Migraine Awareness Month, National Glaucoma Awareness Week, National Child Passenger Safety Awareness Week, Wise Health Consumer Month, Cataract Awareness Month, National Kidney Month, National Nutrition Month, National Poison Prevention Week, Alcohol Awareness Month, Sports Eye Safety Month, National Occupational Therapy Month and National Preschool Immunization Week.

Oh, yeah – and National Condom Day (Feb. 14).

Just reading about such observances makes me tired (which reminds me that March was also National Chronic Fatigue Syndrome Awareness Month). Moreover, in addition to the listing above, I have discovered 33 more health-awareness days, weeks or months that span the period from New Year's Day to the end of this month.

April, which is National Humor Month, also embraces National Anxiety Day (April 21). I mention the latter just in case there is not already enough to worry about in April. On April 21 you can pick anything you want to worry about.

But you should check the calendar to

make sure your pet worry doesn't already have its own designated dates.

Next month you can worry about standing up straight, May being National Posture Month. It is also National Stuttering Month, ditto National Neurofibromatosis Month.

I do not know what neurofibromatosis is, though I'm certain there will be a press kit on my desk from its national foundation before next week.

June is National Ragweed Month, in case you won't have thought about the subject enough during May's National Allergy Awareness Month.

August is set aside for – among other things – World Breast-feeding Week. If you aren't sure there is a cholesterol danger involved in breast-feeding infants, you might want to raise the question in September, National Cholesterol Education Month.

I assure you that thinking about cholesterol for September's 30 days is more appealing to me than thinking

about National Pediculosis Month, which also occupies September.

Pediculosis is a nice word for an infestation with lice, not to mention those other crawly critters that occupy anatomical environs covered by something other than a hat.

Basically, America celebrates a National Lice Infestation Month. I'd suggest you take your lice to lunch in September, but if you've

got them you don't have much choice.

If you can make it through September, only 57 other commemorations stand between you and year's end. But then, you should be able to do Auto Battery Safety Month standing on your head. Same goes for Safe Toys Month and Physical Therapy Month.

If you find yourself with time on your hands, come autumn, don't forget that there is now a National Radon Week about which you should be concerned and alarmed, if not at least aware.

Never mind that no one ever worried about radon until some entrepreneur invented radon-detection kits.

Come to think of it, I'll bet that we would not even have a National Radon Week if detection-kit manufacturers had not lobbied for its niche on the calendar.

Harden is a columnist for the Columbus Dispatch.

If you can make it through September, only 57 other commemorations stand between you and year's end. But then, you should be able to do Auto Battery Safety Month standing on your head.



Dr. Olson



Dr. Donoghue

Delegates elect new ISMS physician leaders

The ISMS 1995 Annual Meeting in Oak Brook culminated on April 23 with the House of Delegates' election of new officers, trustees and AMA delegates. Earlier that day, Rockford general surgeon Raymond E. Hoffmann, MD, assumed the office of ISMS president.

The new officers are President-elect Sandra Olson, MD, of Chicago; First

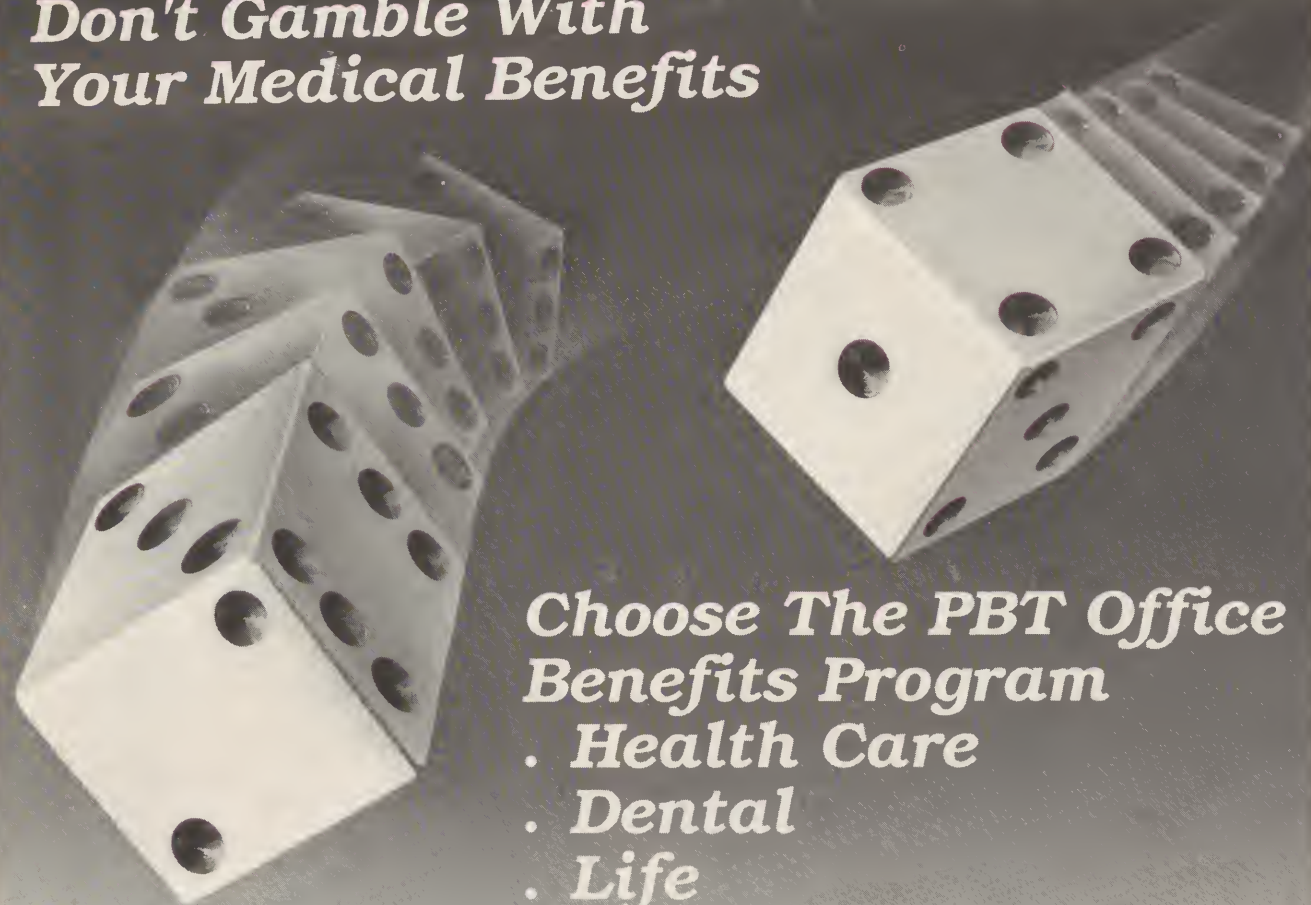
Vice President Silvana Menendez, MD, of Belleville; Second Vice President Ulrich Danckers, MD, of River Forest; and Secretary-treasurer M. LeRoy Sprang, MD, of Evanston. Richard Schmidt, MD, of Ottawa, is speaker of the House and John Schneider, MD, of Flossmoor, is the vice speaker.

The House also elected the following physicians to the ISMS Board of Trustees: Albino Bismonte Jr., MD, of Gurnee; Edward Fesco, MD, of LaSalle; Alan Roman, MD, of Flossmoor; Jere Freidheim, MD, of Chicago; Edmund Donoghue Jr., MD, of Chicago; Kenneth Printen, MD, of Lincolnwood; Jane Jackman, MD, of Springfield; Ronald Ruecker, MD, of Decatur; Nestor Ramirez, MD, of Urbana; Erlo Roth, MD, of Hinsdale; and William Kobler, MD, of Rockford. Scott Reid, MD, was elected to the resident physician seat on the board.

AMA delegates and alternate delegates for 1996-97 were also elected. The AMA delegates are Dr. Bismonte; Alfred Clementi, MD, of Arlington Heights; Dr. Freidheim; Joan Cummings, MD, of Hines; Dr. Olson; Dr. Menendez; Robert Reardon, MD, of Bloomington; Dr. Sprang; Arthur Traugott, MD, of Urbana; and Ronald Welch, MD, of Belleville. The alternate delegates are James Ahstrom Jr., MD, of Downers Grove; Richard Bulger, MD, of Hinsdale; Charles Drucek III, MD, of Evanston; Neil Winston, MD, of Chicago; Alec Hood, MD, of McLeansboro; Theodore Kanellakes, MD, of Joliet; George Beranek, MD, of Oak Brook; Janis Orlowski, MD, of River Forest; and Marc Schlesinger, MD, of Aurora. Michael Suk, of Rockford, was chosen to serve as the medical student alternate delegate.

James Andersen, MD, of Oak Brook, was elected to serve on the ISMS Judicial Panel until the year 2000. ■

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program

- Health Care
- Dental
- Life

The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details
 **(800) 621-0748**

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by

Chicago Medical Society &
Illinois State Medical Society



PBT Physicians' Benefits Trust

House debates

(Continued from page 1)

Delegates also urged ISMS to respond actively to the changing marketplace. They adopted a resolution directing the Society to establish a physician network or management services organization if appropriate.

In the public health area, physician delegates supported sexual abstinence, sexual responsibility and sex education for unmarried teens as well as a ban on tobacco samples. Also approved were the efficacious use of prescription medications for patients with severe, intractable pain. In addition, the HOD voted to support legislation that would establish the licensure of acupuncturists provided that patients received prescriptions for acupuncture from their physicians.

Delegates also supported a resolution to revise the state's Good Samaritan Act to extend protection from civil liability to physicians who voluntarily provide transportation without remuneration for indigent patients to obtain medical care.

Watch upcoming issues of Illinois Medicine for in-depth coverage of these and other actions. ■

*House Speaker
Lee Daniels
talks about
tort reform
victory*

PAGE 9

ISMIE Update

**Fighting for
federal
reform**

PAGE 4

Prompt treatment, referrals needed for rosacea patients

Early diagnosis and patient education are essential for this increasingly common skin disease. BY RICK PASZKIET

Teen-agers may worry about acne before the high school prom, but middle-aged professionals are concerned about a more serious skin disease: rosacea. Affecting more than 13 million adults, rosacea has become an increasingly prevalent skin disease, especially among baby boomers, according to the National Rosacea Society.

Failure to diagnose this progressive – and potentially disfiguring – disease or even a delay in referral to a dermatologist can pose liability problems for physicians.

Since early diagnosis is the best defense against rosacea, physicians should know the signs and symptoms to treat it in a timely way or refer the patient to a dermatologist, said Henry Martin-del-Campo, MD, a family physician and a member of ISMIE's Ad Hoc Commit-

tee on Family Practice. "A referral takes on more importance if the patient's condition does not respond favorably to the physician's own course of treatment within four to six weeks."

Unlike acne, rosacea worsens over time and, if untreated, can actually cause disfigurement, said James Ertle, MD, a Hinsdale dermatologist. "The initial feature of rosacea is a redness that appears on the nose, cheeks, chin and eyelids. As the condition worsens, telangiectasia occurs, permanently dilating blood vessels and creating small red lesions. Papules and pustules also appear."

"In a very advanced stage, rosacea can turn into rhinophyma, in which the nose becomes swollen and red from excess tissue," Dr. Ertle continued. "This condition is corrected with laser surgery."

The actual cause of rosacea is

unknown. However, research has shown that this skin disease occurs primarily among people who are over 30, fair-skinned and of English, Irish, Northern European or Eastern European ancestry, according to the National Rosacea Society.

"One of the reasons physicians are seeing so much rosacea is that the baby boomers are aging now," said Katherine Wier, MD, a Chicago dermatologist. "This population has simply reached the rosacea age. Not a week goes by when I don't have a new patient coming into my office with this disease. In fact, about 5 percent of my patients have rosacea. I have seen many cases in which the doctor didn't recognize this disease immediately, and consequently it was treated incorrectly."

Treatment for rosacea usually consists of combining antibiotics

like tetracycline with a topical metronidazole gel to reduce the number of papules and pustules, explained Dr. Ertle. In addition, treating rosacea involves educating patients. "They have to know what to avoid so that their condition improves," Dr. Wier said.

Various factors can cause a rosacea flare-up even if the correct medication is being prescribed and taken. For instance, the patient may be taking excessively hot showers, which exacerbate the condition.

"A wide variety of things tend to aggravate rosacea," said Dr. Ertle. "This includes everything from hot baths and strong winds to coffee and spicy foods. Stress is also another prominent cause of rosacea. Therefore, the patient has to be informed on what to avoid when it comes to curbing a rosacea outbreak."

Physicians should make sure

patients understand the do's and don'ts. Dr. Wier gives her patients a booklet explaining all the factors that can worsen the condition. "From a risk management perspective, you have to alert the patient to all the known [irritants] of rosacea."

Because rosacea is found mainly in adults, physicians are faced with another challenge: the psychological pain that can afflict patients. "Like many skin diseases, rosacea won't kill you, but it can really ruin your life," said Dr. Ertle. "Rosacea patients are usually professionals in the workforce who can be psychologically devastated by this disease. The physician has to be aware of what the patient is experiencing, because added stress will only increase rosacea flare-ups."

What if the patient is unwilling to follow the strict guidelines to curb rosacea? "In general, compliance by the patient is not a significant problem," said Dr. Martin-del-Campo. "The patient is usually motivated to follow the physician's advice. However, the physician should indicate in the file that the patient was alerted [as to] what triggers rosacea. The physician should also do an anatomical description of the infected area, so that the rosacea can be diligently monitored." ■

MALPRACTICE ROUNDUP

Lab charged with reckless homicide

A Wisconsin inquest jury last month recommended reckless homicide charges be filed against a lab, a lab technician and the lab's supervising physician for misreading the Pap smears of two women who died of cervical cancer, according to the St. Louis Post-Dispatch. The women died after the lab failed to detect what testifying experts called "unmistakable signs of cancer," the story said.

The technician who read the slides typically examined between 20,000 and 40,000 Pap smears annually for the lab, even though professional standards recommend a maximum of 12,000, said the district attorney who brought the charges against the lab.

If convicted, the lab, Chem-Bio Corp., could be fined up to \$20,000. The technician and physician, however, will not be charged or prosecuted if they continue to abide by certain guidelines. The physician agreed not to serve as the medical director of any lab or to supervise technicians who perform tissue tests. The technician agreed to be paid a salary or an hourly

wage instead of by the number of samples she analyzes, to work no more than 42 hours a week and to follow other professional standards.

The charges were prompted by one of the women, who before her death asked her attorney to pursue criminal prosecution. Both patients received multimillion-dollar settlements from the lab and their HMO. ■

Court upholds award for cancer patient's widow

A Connecticut appeals court ruled in February that a cancer patient's widow was entitled to an undisclosed sum for loss of consortium. The plaintiff in *Shegog vs. Zabrecky* claimed that a chiropractor caused her husband's death by negligently treating him with expired and unapproved drugs, according to an article in *Cancer Litigation Update*. The woman also alleged that the defendant chiropractor induced her husband to forgo appropriate cancer therapy.

Although the man's cancer had metastasized to his

bones and lungs, the plaintiff's experts said he died from liver necrosis caused by protein compounds in the German drugs he had taken. No cancer cells were found in his liver.

In affirming the damages awarded by the jury, the appellate court rejected the chiropractor's argument that there was insufficient proof of proximate cause and that the award was excessive considering the plaintiff and decedent had been married for only one year. ■

Man awarded \$750,000 for botched operation

An Arizona jury awarded \$750,000 to a man who charged a surgeon with malpractice for tying off his urethra during surgery performed to cure his impotence, according to a case summary in *Lawyers Weekly USA*.

The operation left the plaintiff disfigured and incontinent, the article said. The jury was instructed to set damages after the physician admitted the surgery did not meet acceptable medical standards. ■

Annual Meeting

Alliance members get a grip on fighting crime

A speaker uses interactive techniques to teach self-defense.

BY LYNN KOSLOWSKY

It isn't every day that you see a roomful of women putting headlocks on one another. But if you had walked in on one of the sessions at the ISMS Alliance Annual Convention in Oak Brook, that's exactly what you would have seen. Speaker Stanley Clement used an interactive approach at the April 20 program to show attendees how personal crimes are committed and how to defend themselves.

"Self-defense is vigilance, knowing what

to look for, being prepared," said Clement, who has earned several black belts in martial arts. "Keep your car locked and in a lighted place. Don't carry too much cash or wear expensive-looking jewelry. Don't carry a purse that can be snatched. Know where to go and where not to go. You don't want to be in a bad place to begin with."

Diamonds – or any jewelry for that matter – are not a woman's best friend, accord-

(Continued on page 10)



Rosemary DiGiulio (left) and Thelma Schwarz practice self-defense techniques.

ISMS gathers people

Consultants discuss the second phase of a feasibility study on managed care-related services.

Working from the premise that managed care is a reality in Illinois, health care consultants are proceeding with the second phase of a feasibility study to determine whether ISMS should develop management services organization and, so, what form that organization should take. The consultants outlined progress on that study during an April 22 education program at the Society's Annual Meeting. The program was sponsored by ISMS Management Services Organization Committee, which is overseeing the study and providing direction for the consultants.

"We are clearly aware of the cry from our membership, demanding an immediate and urgent response [to managed care]," said Alan Roman, MD, co-chairman of the MSO Committee. ISMS is proceeding with the feasibility study "methodically, carefully and systematically. We want to do it right both from our perspective as a physician-run and -operated organization and as an organization that is truly committed to physician value first."



Ray

Photos by John McNulty

eting 1995

ician input

to the Society's feasibility

BY MARY NOLAN



Emmott

In addition, the Society wants to ensure many programs developed as a result of the feasibility study will help Illinois physicians become leaders in managed care environments that stress autonomy, quality of care and cost-effectiveness. To achieve such a system, managed care must be driven by physicians and less by insurers and hospitals, said Carol Emmott, PhD, a consultant who is helping conduct the study. Those goals were based on findings from one of the feasibility study, which determined that Illinois' managed care marketplace is diverse, Emmott said. "You've got the most managed care-impacted environment, with tremendous HMO penetration and very proactive physician groups." However, there is intense managed care activity in some areas of the state and very little in other areas.

Eighty-seven percent of ISMS members participated in some type of managed care in 1994, and an additional 2 percent expected to do so in 1995, Emmott said, citing data from the first phase of the feasibility study, conducted last year. Of those participating in managed care, 74

(Continued on page 10)

Public affairs breakfast features talk of health issues

Speaker Lee Daniels thanks physicians for helping the GOP achieve a majority in the Illinois House of Representatives. BY TAMARA STROM

It's a hell of a lot better being speaker than it is being minority leader," Illinois House Speaker Lee Daniels told a packed room of physicians April 22 during ISMS' annual public affairs breakfast. "I've waited a long time to get here."

An attorney, Daniels was elected to the General Assembly in 1974. As a rank-and-file state representative, he helped negotiate the tort reform legislation that passed in

1985, which did not include a cap on noneconomic damages. Daniels said his ascension to speaker and the election of 13 new Republicans in the House paved the way for this year's tort reform law, including a \$500,000 cap.

But he was quick to acknowledge the role physicians played in helping shift the power base in the General Assembly that made passage of H.B. 20 a reality. "We couldn't have done it without you. And I'm here to thank you for your help in helping us achieve a majority in the House." In particular, Daniels thanked ISMS President Raymond E. Hoffmann, MD, and his wife, Nancy, for their efforts in the election of a Republican representative from the Rockford area.

"For the first time in 20 years, the Illinois House [had] meaningful and open debate on the topic of tort reform," Daniels said. "It's a shame that we didn't have the input of the [Democrats] and the trial lawyers, because we asked for their input. We asked them to participate, and until the night before the bill passed, they refused to negotiate."

Representatives of the coalition against tort reform visited Daniels the evening before the House vote on H.B. 20 to try to influence the legislation, but at that point, the speaker already knew he had the 60 votes required for passage.

H.B. 20 is one of the "most sweeping"

(Continued on page 10)



Daniels

Public affairs

(Continued from page 9)

tort reform measures in the nation, Daniels said. "Washington is still talking about the things Illinois has acted on." With the new tort reform law in place, "doctors will be able to practice medicine with the fear of lawsuits behind them."

Daniels also addressed the issue of H.B. 20's constitutionality. He said he is confident all members of the Illinois Supreme Court will "just look at the merits of the suit, the quality of the legislation and the fact that an awful lot of

time, effort and talent went into drawing up the legislation. We feel very good that the cap is across the board."

TORT REFORM, however, is only one of the high-priority issues on the Republican majority's agenda for Illinois, Daniels noted. The legislature has already acted on reform of the criminal justice, welfare and education systems, as well as business reform and property tax caps for Cook County. Currently, lawmakers are working on the state budget, the Medicaid assessment program and workers' compensation, he added.

Physician attendees asked the speaker

about other health care issues, such as economic credentialing and state monitoring of HMOs. Daniels said he believes that the legislative process is probably not the appropriate mechanism for monitoring HMO practices. Instead, such oversight should be under the purview of regulatory agencies. "We know that in the area of Medicaid reform, it seems like the only way that the state can reduce cost is to [move toward] managed care. However, managed care should never mean a reduced quality of care. We share that concern."

Regarding credentialing, hospitals and physicians should maintain good work-

ing relationships, Daniels said. "One thing that I have noticed in talking about health care in the future, is how critical it is that hospitals work with their physicians and the medical society. You are the critical element to reforming health care in this country."

In closing, Daniels noted that it is a pleasure serving as speaker and carrying out the wishes of constituents throughout the state. "We have worked hard and we have worked with pride. I have never worked harder in my life, but I have never enjoyed it more." ■

Alliance members

(Continued from page 8)

ing to Clement. "Earrings are lethal. A stud can be driven into the head, and hoops can be pulled, tearing the lobe. Scarves and heavy rope jewelry can be used against you and can be fatal."

To demonstrate criminals' ready access to innocuous-looking but dangerous weapons, Clement passed out items like bracelets, combs, brushes and pens — each containing a knife and each bought inexpensively at a retail store or through a catalog. "Weaponry is being sold under the guise of something else," he noted. "Throwing knives" with lethal blades, like those used in Steven Segal movies, can be concealed under clothing and ordered for \$24.95, he added.

Clement, a former family therapist, explained how some young people are

drawn into gangs. "Gangs prey on isolated, abused kids. They turn them on to drugs, violence, weapons. Kids from struggling or dysfunctional families go out with weapons to solidify their sense of self."

Attackers generally want power and control, Clement explained. If the victim "changes the equation" by taking control and, for instance, yelling in the attacker's ear, the attacker may not know what to do. When attackers become confused or lose their focus, "they may wonder if it's really worth it," he said.

Regardless of the attacker or the situation, Clement's advice was the same: If you're attacked with a weapon, "buy yourself time and space. The greater the time from the presentation of the weapon until the attacker uses it and the more distance between you and the



Clement

attacker, the greater your chances of survival." Clement recommended talking to the attacker to expand that time frame and to find out the motive. "Ask, 'What do you want? Do you want money? Take my wallet.'" The victim should also try to keep an object — a table, a ladder or a car — between her and the attacker, he said.

Victims should always follow the second-site rule, Clement said. "[The attacker] says, 'All I want to do is rob you (or rape you). Get in the car, and we're going to my place.' Don't ever go to a second site. Statistics show if you go with an abductor, you probably will not survive. The time to use self-defense is prior to that."

After showing the actions attackers might take and the self-defense moves victims might use, Clement asked attendees to pair up as "attackers" and "victims" and try them. In addition to demonstrat-

ing the more sophisticated procedures, he advised such simple but effective methods as pulling an attacker's hair with both hands, biting an earlobe, peeling back a finger or stamping on an instep. Even just loud, persistent screaming may cause an attacker to give up, he said. "If someone attacks you, yell 'fire.' People will run the other way if you yell 'help.'"

One effective defense move is for the victim to "place the heel of her hand under the attacker's nose and push," he said. "Where the nose goes, people want to follow." Clement advised attendees to practice the defense moves they learned with their significant others, "trying not to inflict too much damage."

When the real thing happens, though, Clement recommended going for it. "If you're fighting for your life, anything is fair game — even a thumb in the eye. Just don't [start] anything you're not emotionally prepared to follow through with."

The best self-defense is prevention, Clement said. He urged attendees to be aware of their surroundings and look as if they are in control. "If you're focused only three feet ahead of you and you're exhausted, you'll be picked by a perpetrator. Always look into a crowd and identify who might be hostile."

Clement admitted the limitations of addressing such a difficult subject in a short program. "You won't have mastery in an hour." But the key is to "demystify violence, desensitize [yourself] so that if you are attacked, you won't be frozen," he said. "Don't get helpless, get mad." ■

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Feasibility study

(Continued from page 9)

percent noted negative effects of that participation, including loss of autonomy and concerns about quality of care.

Already under way, phase two of the feasibility study will focus on how ISMS can help serve Illinois physicians in the changing marketplace, Emmott said. "As a physician-driven organization, ISMS must remain an empowering organization for physicians. It must develop the capabilities and capacities necessary to help physicians succeed in managed care."

PHASE TWO of the study is designed to identify ways the Society can help members compete and thrive in Illinois' marketplace, regardless of the extent of their involvement in managed care. The study will include market research as well as an examination of vendor competition in the state, said John Ray, president of the Clearwater Group Ltd., the California-based consulting firm that is conducting the study.

In addition, the study findings will be

supplemented with information garnered from focus groups and a mail survey of all ISMS physician members. By early summer, the study team will establish eight focus groups composed of ISMS members, Ray said. Three of the physician focus groups have already been formed — two in Oak Brook and one in Bloomington.

The member survey will be conducted by the Coldwater Corp., a Michigan firm that has worked on many Society surveys. The mail survey will explore the challenges facing Illinois physicians in these changing times, Ray explained. The survey and the focus groups are expected to be completed in July, he added.

One month later, the consultant team will submit the first part of the business plan to the Society's MSO Committee for consideration. If the committee accepts the plan, a draft proposal for implementation will be formulated. The entire MSO plan will be reviewed by the ISMS Board of Trustees at its November meeting. No action to implement an MSO or other service will be taken without board approval. ■

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

BC/BE family practitioners: Residency-trained, full-time position - house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Emergency room medical director: Perry Memorial Hospital, Princeton, seeks a BE/BC emergency medicine physician for ER. Day position as salaried physician with full benefits. Low volume of 7,700 visits per year with friendly community and staff. Contact Marie Noeth, SFI, 4541 N. Prospect, Suite 400, Peoria, IL 61614; phone (800) 438-3745 or fax (309) 685-2574.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Board-certified specialists in cardiology, cardiothoracic surgery, vascular surgery, plastic and reconstructive surgery, orthopedics, urology, general surgery and Ob/Gyn to review medical records of medical malpractice cases to determine medical merit for plaintiff/defendant. Challenging opportunity with attractive hourly compensation. If interested, please call (800) 591-5600 for details. National Medical Resources Inc., 330 E. Roosevelt Road, Suite 2C, Lombard, IL 60148.

Physician/associate director: Northern Illinois University Health Service has an opening for an associate director of its ambulatory care facility. Position is approximately 80 percent provision of medical care, 20 percent administrative. Qualified applicant must be a board-certified physician and have or be eligible for Illinois licensure. Broad spectrum of training and clinical experience in primary care required. Preference given for experience in a setting that includes a high percentage of diverse young adults. Must have strong communication, interpersonal and clinical skills. Send letter, curriculum vitae and three references to Charles Bowen, Director, Health Service, NIU, DeKalb, IL 60115; (815) 753-1314. Applications accepted until position filled. EOE.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Stoughton, Wisconsin: Dean Medical Center, a 350-physician multispecialty group, is recruiting a BE/BC family physician for our Stoughton Clinic, located 20 miles south of Madison. Currently there are three internists, four family practice physicians, one pediatrician and one general surgeon at this clinic. Stoughton Hospital is a 50-bed facility adjoining the new medical office building. Stoughton (population 9,000) is growing, with excellent schools and neighborhoods. Guaranteed two-year salary, plus incentive and benefits, is offered for this position. Contact Scott Lindblom, Dean Medical Center, 1808 West Beltline Highway, Madison, WI 53715; work (800) 279-9966 or (608) 250-1550, home (608) 833-7985; fax (608) 250-1441.

Practice opportunities - Openings nationally in all specializations. Excellent salary and benefit packages including partnership opportunities, 100 percent paid malpractice, moving and relocation expenses, license assistance, up to six weeks paid vacation. On-site interview experience paid. Toll-free 24 hours: (800) 759-0104. Or send CV to La Salle Medical Group, 6599 E. Thomas Road, Suite 2097, Scottsdale, AZ 85251.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Situations Wanted

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heart-warming.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

FRAUD

Hear no **FRAUD**
See no **FRAUD**
IS THERE **FRAUD**?



Are you protecting your
ASSETS?

**CALL OUR HEALTHCARE
SPECIALISTS REGARDING
A REVIEW OF YOUR
CASH CONTROL
PROCEDURES**

MUELLER & CO.

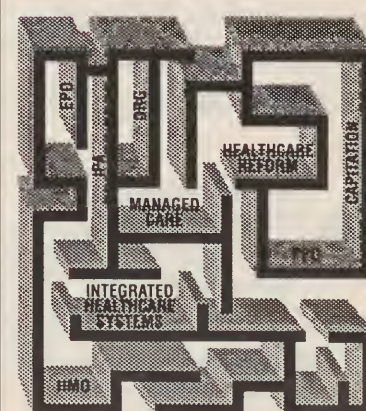
Certified Public Accountants
Management Consultants

*Dwain Tataryn
Dave Nissen
Jim Hare*

1750 Grandstand Place
Elgin, IL 60123
(708) 888-8600

and

1652 E. Main Street
St. Charles, IL 60174
(708) 377-2550



Has your path to
profitability become a
complex maze????

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent


Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Obstetrics/Gynecology physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
(708) 799-8000, ext. 3580**

 South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429
Putting People First

South Suburban Hospital
is affiliated with
Advocate Health Care.

© 1995 South Suburban Hospital

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has large swimming pool, four bed-bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. From \$1,800 to \$2,200 per week through Nov. 30, \$2,500 to \$3,300 winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Southwest Chicago area: Vacant office space, 130-square-foot to 140-square-foot finished offices, 1,800-square-foot unfinished, suitable for one or two physicians - (708) 524-8918 or (708) 524-5198 after 6 p.m.

Miscellaneous

The seventh annual meeting of the American In-Vitro Allergy/Immunology Society, jointly sponsored by the University of Chicago Pritzker School of Medicine, will be held July 13-15 at the Omni Chicago Hotel. There will be an in-vitro allergy update and workshops, as well as a section on allergy in preventive medicine. For further information, contact the AIAIS office at (201) 816-1289.

Computerized medical records: PC-based software automates your patient records. Customize your own templates to meet your practice needs. Integrates with other practice management systems. Instant access to patient records. For a free demo disk, contact Physicians Office Solutions, (708) 821-0232.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Issues in Primary Care Conference, Friday, Sept. 15, through Saturday, Sept. 16, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.



Interested? Address your inquiries to:
Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.
Or call 312.808.4551, or fax 312.842.2496.

Humana®
Health Care Plans

Consultants' guidelines

(Continued from page 1)

umes, which cost \$300 each, have risen from 602 in 1990 to more than 6,000 volumes this year, not including electronic versions, the company said.

Milliman & Robertson created the guidelines by combining its expertise in risk management with a rigorous focus on medical management by experienced physicians and other health care professionals, said Dr. Doyle. The basic premise of the guidelines is that efficient care is quality care.

"Sometimes there's an impression that efficient means cheap and that cheap is a concern for cost only and not for quality," he noted. "In fact, Webster's dictionary defines efficient as producing the desired effect with minimum waste, expense or effort. Efficiency entails no compromise from the desired result. Rather, it means finding a way to streamline the process."

Because the day-by-day timetables offered by the guidelines are designed for optimal recovery, the quality of patient care is not sacrificed when the guidelines are followed, said Dr. Doyle. Providers who assume risk in prepaid health plans appreciate the guidelines because they illustrate optimal efficiency, he added.

In Chicago, Rush-Prudential Health Plan has been using the Milliman & Robertson guidelines since 1993, said Jill Marelich, director of utilization management. Plan officials use the guidelines to pre-certify every elective inpatient hospital admission.

The guidelines help the insurer answer some basic questions, Marelich said. Those questions include, When can the patient be discharged without compromising his or her health? and Where is the most appropriate place for the patient to be? Underscoring the guidelines is the theory that an essentially healthy patient will respond to treatment in a typical way, she said.

EXCEPTIONS ARE MADE for patients who do not respond in that ideal way, Marelich explained. "Say you go into the hospital, and we've matched you against Milliman & Robertson for three days, and on day two you develop a fever and start bleeding. Then all bets are off for Milliman & Robertson. Then you're looking at each patient individually and looking to see if medical necessity is met."

Based on the guidelines, Rush-Prudential has changed its length-of-stay recommendations for five conditions, including laminectomies and abdominal pain. In some cases, lengths of stay can be modified in advance to meet the special needs of patients who, for example, enter the hospital in compromised conditions, she said. In other cases, the guidelines apply to patients' stays with the proviso that the insurance company and hospital utilization management departments will communicate daily about patients' conditions and that extra days will be approved as needed.

Milliman & Robertson is not the only company that produces and sells health care guidelines. But the company's guidelines differ from others because they provide specific time sequences for patient treatment, said John Schneider, MD, chairman of ISMS' Third Party Payment Processes Committee. Many physicians object to the Milliman & Robertson guidelines because they are not based on scientific literature and were developed using the experience of hospitals with the shortest lengths of stay. In addition, the guidelines recommend not only the order but the time sequence for treatment, Dr. Schneider said.

"M&R admits it doesn't expect all patients to comply, but its use of 'optimal' is a problem for doctors," he explained. "Insurance companies translate from 'optimal' to 'usual,' so they want to know why the patient stays extra days."

To address the issue of maintaining quality care in an era of cost containment, the AMA has established practice parameters for specific medical conditions based on the input of experts around the country, said Dr. Lewers. The AMA's parameters are based on science, not the bottom line, he said. "You can't ignore the cost, but quality care is cost-effective care. We feel establishing [care] on the basis of [the AMA's] practice parameters will bring down costs and preserve quality."

"The AMA is trying to come up with a way of passing some kind of judgment as to which guidelines are properly developed," Dr. Schneider said. "Guidelines should be developed by professional organizations and based on scientific data. And [the developers] should make their methodology available to physicians."

Study finds heart disease undertreated in women

[CHICAGO] There are major shortcomings in the detection and treatment of heart disease in women, according to the findings of a recently released study of Chicago-area females. Under the Women Take Heart study conducted in 1992, researchers screened 5,932 women ages 35 to 93 for cardiovascular disease. Many of those women were unaware of their risk for cardiovascular disease, said Arfan Al-Hani, MD, the principal investigator and a physician at St. James Hospital and Health Centers in Chicago Heights.

"A significant proportion of the women we studied had high blood pressure and didn't know it. And even [among] those who knew and were on medication, their blood pressure was not controlled," Dr. Al-Hani said. For example, 43.6 percent of the women had high blood pressure, but one in three didn't know she had the condition. In addition, high blood pressure medicine was ineffective in 76 percent of the women who had high blood pressure and who were taking medication, the study revealed.

The findings for women with diabetes were similar, Dr. Al-Hani noted. The data showed that 35.1 percent of the women surveyed who were hyperglycemic did not realize they were diabetic and 61.4 percent of those who said they were diabetic were not receiving effective treatment.

Distribution of body fat is more significant than absolute weight as a risk factor for cardiovascular disease, the study revealed. Very thin women who carried most of their weight around the middle had risk profiles "as bad or worse than women in the very obese group who had more favorable waist-to-hip ratios," Dr. Al-Hani explained. "If you carry your weight over your waist, it's a prescription for trouble. Carrying it on your hips might not get you invited to the prom, but it won't get you into cardiovascular trouble."

The study was conducted because most research on heart disease has focused on men yet cardiovascular disease is the leading killer of American women, Dr. Al-Hani said. "We thought it behooved us to focus on a segment of the population that suffers disproportionately from cardiovascular disease and has been overlooked when it comes to research."

Although funds are currently not available to continue the study, Dr. Al-Hani said he hopes to find resources that will allow the study to proceed. "We want to follow these women for the next 10 to 15 years. This was designed to be a long-term project, and the worse thing that could happen is that it would not continue."

For more information, contact Dr. Al-Hani at (708) 756-1000. ■

Equipment Financing: More for your money with HPSC

1. Financing of new practice equipment, leasehold improvements, working capital, merchandise contracts – plus computers and other office equipment.
2. Competitive fixed rates – no points, no variables, no hidden fees.
3. Quick response, phone or fax: up to \$125,000, 1 hour. Over \$125,000, all documents in place, 24-48 hours.
4. Options: deferred payment; no down payment; graduated payments up to 72 months; 10% or \$1 purchase option on equipment at end of lease.
5. Terms: 12 to 72 months. Lease or loan.
6. Easy add-on to existing lease as practice grows.
7. Financing of practice acquisitions up to 100% of purchase price at competitive rates (no points, variables or hidden fees).
8. All programs geared to cash flow. Tax benefits.
9. Funding, servicing of all contracts in-house.

HPSC

**Innovative Financing for
Healthcare Professionals**

Sixty State Street, Boston, MA 02109
800-225-2488 Fax 800-526-0259

Over 60,000 Doctors Financed Since 1975



Carla Sommerfeld

THE MOST recent recipients of ISMS' Employee Recognition Award are the Society's meeting services assistants, Betty Lester (left) and Theodora Natal. They were recognized for their continuing efforts to provide physician members with superior service.

Parental notification

(Continued from page 1)

tance funding for abortions or premature births unless those services were deemed necessary by a physician to preserve a woman's life. The measure, H.B. 1534, was sponsored by Rep. Al Salvi (R-Wauconda). It would have directed the Illinois Department of Public Aid to determine the amount of funding and the quality of medical services to be provided.

OPTOMETRISTS' SCOPE OF PRACTICE

Despite an all-out lobbying campaign by ISMS and the Illinois Association of Ophthalmology, S.B. 185 passed the House on May 10 with 62 votes. The bill, which allows optometrists to use and prescribe drugs, now awaits action by Gov. Jim Edgar. The measure expands optometrists' use of ocular pharmaceutical agents to include therapeutic treatment of patients.

Throughout the spring legislative session, ISMS distributed letters to state lawmakers detailing physicians' concerns about S.B. 185. The letters described how the bill permits optometrists to perform any nonsurgical procedure taught in optometry schools and to treat medical diseases of the eye, including glaucoma, infections and inflammations. They also stated that expanding optometrists' scope of practice will not improve access or reduce health care costs.

During the first week of May, ISMS sent out an all-member call to action explaining that S.B. 185 awards MD cre-

dentials to optometrists through legislation. Unlike physicians who undergo extensive clinical education, optometrists receive little clinical experience in optometry school. In addition, the Society activated its grass-roots key contact program, through which ISMS members in targeted legislative districts called their state representatives and urged them to protect quality medical standards in Illinois by voting no on S.B. 185.

SINGLE-PAYER HEALTH SYSTEM

Legislation directing the state to establish a universal health care system by Jan. 1, 1998, stalled in the House and Senate. H.B. 2063 and S.B. 385 were sponsored by Rep. Jan Schakowsky (D-Evanston) and Sen. Margaret Smith (D-Chicago). In contrast with past similar legislation that reached the House and Senate floors for votes, no committee hearings were held on the bills. ISMS strongly opposed the measures because a single-payer health care system could jeopardize high-quality patient care.

RURAL HEALTH

Four bills addressing rural health issues failed to emerge from House committees. The measures were sponsored by Rep. David Phelps (D-Harrisburg).

H.B. 1959 would have enabled the University of Illinois College of Medicine and the Southern Illinois University School of Medicine to form joint agreements with first-year medical students enrolled in primary care training programs. Under the agreements, students who promised to practice full-time for

three years in an area of the state lacking primary care physicians would have received \$5,000 for each year or partial year of their residency training. ISMS supported H.B. 1959 because it met the criteria in the Society's Principles on Training and Retention of Physicians in Illinois.

Under H.B. 1961, the Center for Rural Health in Urbana would have been required to establish a pool of temporary health care professionals to fill in for physicians, physician assistants, pharmacists and advanced nurse practitioners who needed to take time off for personal reasons, illness or continuing education. ISMS opposed the bill because it would have required the rural health center to send limited-license professionals to practice in areas of the state in which physicians may have been more appropriate.

A third bill, H.B. 1962, attempted to help communities diversify and expand their health care services by directing the rural health center to award grants to health care providers in communities with medical personnel shortages. Among the services covered would have been primary and long-term care, and geriatric and other services. ISMS opposed the measure because of potential problems it could have caused for physicians. For example, physicians could have lost their medical staff privileges because of facility mergers and the use of limited-license professionals. The Society suggested alternative language calling for grants to be awarded to physicians who relocated to areas in which health care services were deemed necessary, but the bill did not emerge from committee.

H.B. 1963 would have allowed health care networks to plan and deliver services in underserved areas. Unlike H.B. 1962, however, this bill would have defined specific terms and outlined the different types of services deemed necessary. ISMS also opposed this measure because of potential adverse effects on the quality of patient care.

PSYCHOTROPIC MEDICATIONS

On March 31, Gov. Jim Edgar signed into law a bill that allows guardians who are at least 18 to authorize the use of psychotropic medicine for nonobjecting individuals for whom they are responsible. The ISMS-supported measure was introduced to mitigate the effects of an appellate court ruling

issued two years ago that required guardians to obtain a petition, hearing and court order before authorizing the administration of psychotropic medication. S.B. 113 had to be signed into law before April 12 to prevent health care providers for about 4,000 wards of the state from pursuing court action to authorize the administration of such drugs, according to the bill's sponsor, Sen. Karen Hasara (R-Springfield).

VIOLENT INJURY REPORTING

According to legislation passed in the House by a vote of 100-1, hospitals and other health facilities must report to the Illinois Department of Public Health any injuries allegedly caused by a violent act. The measure, which now awaits Senate consideration, requires all data collected to be confidential. H.B. 1977 is sponsored by Rep. Carolyn Krause (R-Mt. Prospect) and supported by ISMS.

PHYSICIAN PARTICIPATION IN EXECUTIONS

A subcommittee of the Senate Judiciary Committee held a hearing April 7 in Chicago to consider a bill that would have banned physician participation in state-ordered executions. Sponsored by Sen. Arthur Berman (D-Chicago), S.B. 652 stalled in committee when a call for a vote was not seconded. The ISMS-prompted bill was an attempt to repeal a bill approved earlier this year that exempts licensed physicians from disciplinary action if they participate in executions.

"The present execution statute is profoundly disrespectful of physicians and the medical profession's ethical standards," said William Gibbons, MD, pathology director at Copley Memorial Hospital in Aurora. Ethical standards demand respect in the law, Dr. Gibbons told lawmakers at the hearing.

Susan Weidel, chief legal counsel for the Illinois Department of Corrections, testified against the bill. She said any changes to the law would cause delays in the state's execution process.

MENTAL HEALTH TREATMENT DECISIONS

On May 10, the House approved legislation that allows individuals with mental disorders to appoint an attorney-in-fact to make treatment decisions for them when they are no longer able to make those decisions themselves. S.B. 293 is now on the governor's desk. ISMS does not oppose the bill. ■

LA CROSSE, WISCONSIN

- Live in beautiful Mississippi River Valley
- Work with high quality colleagues in growing multispecialty group (70 physicians)
- Competitive income/benefits

SPECIALISTS NEEDED

Cardiology
Critical Care/Pulmonary Medicine
Dermatology
Emergency Medicine
Family Practice
Internal Medicine
Neurology
Occupational Medicine
Orthopedic Surgery
Pediatrics
Urgent Care
Urology

Send CV to: P. Stephen Shultz, MD
Skemp Clinic
800 West Avenue South
La Crosse, WI 54601
Fax (608) 791-9898 or
Phone (608) 791-9844, Ext. 6329



Matt Ferguson

SHORTLY AFTER delivering little James Dakota Edgar earlier this month, ISMS Secretary-treasurer M. LeRoy Sprang, MD (right), an Evanston Ob/Gyn, congratulates the baby's grandfather, Illinois Gov. Jim Edgar.



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“It’s *frustrating* when people who aren’t doctors make decisions that affect my practice. Knowing physicians run ISMIE is such a *relief*. My concerns are their concerns too.”



The government. Health insurers. Hospital administrators. With so many organizations and people who aren't physicians impacting medicine, it helps to have an ally that sees the world the way you do. Like the Illinois State Medical Inter-Insurance Exchange. ISMIE is owned, managed and guided by physicians. That means doctors have input into every decision, from underwriting criteria to risk management programs to the best way to resolve each case. So trust your professional liability coverage to the company that puts physicians' needs first. After all, ISMIE doesn't just insure doctors. We are doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

ISMS emeritus
member garners
Illinois honor

PAGE 2

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • JUNE 2 1995



House adopts
new ISMS
policies

PAGE 8



Brian Waring

PAUL ONDRACEK (left) tries on a life jacket at Brookfield Zoo on May 6 to kick off National Safe Kids Week. Injury-prevention activities for children were sponsored by the Chicagoland Safe Kids Coalition, which includes Wyler Children's Hospital at the University of Chicago.

Hyde supports cap on noneconomic damages

ANALYSIS: A showdown is expected in conference committee to try to keep med mal reforms in federal tort reform legislation. BY MARY NOLAN

[WASHINGTON] U.S. Rep. Henry Hyde (R-Addison) still hopes a cap on noneconomic damage awards will be part of federal tort reform legislation considered by Congress this year. In March, the House passed a broad tort reform measure that featured a \$250,000 cap on noneconomic damages in all civil cases, including medical malpractice suits, and in May, the Senate passed a scaled-down compromise bill that was stripped of all medical malpractice liability provisions. The Senate bill addresses only product liability. The two bills will have to be reconciled if federal legislation is to pass this session.

"We haven't given up on a medical malpractice cap," said Hyde, who serves as chairman of the House Judiciary Committee and is likely to serve on the conference committee. "We will try to strengthen the bill

from the Senate."

In a phone interview from his Capitol Hill office, Hyde reiterated his long-standing support for a federal \$250,000 cap on noneconomic damage awards in medical malpractice cases. That support clarifies statements attributed to Hyde that were published in the April 20 issue of the Chicago Daily Law Bulletin and that seemed to indicate he did not favor a federal cap.



Hyde

"It is the noneconomic, noncompensatory damages that lend themselves to caps," Hyde said. He stressed that he does not believe capping economic damages is appropriate because they are calculable. Compensatory damages are those out-of-pocket expenses that can be easily ascertained, such as medical bills or lost wages.

Although Hyde's support for caps will strengthen conference (Continued on page 6)

INSIDE

Women physicians
and lawmakers
meet



PAGE 3

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update7

Classifieds11

H.B. 20 constitutionality challenge dismissed

DECISION: Ruling says any further action should occur on a case-by-case basis. BY KATHLEEN FUREORE

[CHICAGO] On May 17, Cook County Circuit Court Judge Dorothy Kirie Kinnaird denied with prejudice and dismissed an amended petition for leave to file a taxpayer suit challenging the constitutionality of H.B. 20, Illinois' new tort reform law. Filed by a handful of plaintiff attorneys, the suit contended it is unconstitutional to use taxpayer funds to implement the statute, which includes a \$500,000 cap on noneconomic damage awards, indexed to inflation.

In a 27-page opinion based on arguments presented during a May 1 hearing, Kinnaird said the plaintiffs' constitutionality claims had merit but ruled that those claims would be "more appropriately challenged" on a case-by-case basis.

"The Tort Reform Act raises serious questions on multiple

constitutional grounds including the right to privacy, the right to equal protection and the doctrine of separation of powers," Kinnaird wrote. "The act is of immense interest to trial lawyers, insurance companies, the medical community, the business community and the public at large. In the two brief months since its passage, the act has been the topic of an unprecedented number of seminars and meetings by lawyers and judges' groups as the legal profession has begun the process in Illinois of adjusting to tort reform.

"Even if this court were to find that expenditures exist in this case [that] are appropriate to restrain, the presentation of the issues herein, given the importance of the subject matter, raises serious questions as (Continued on page 10)

Any-willing-provider laws debated

CONFERENCE: Speakers debate such legislation at a meeting of HMO executives. BY MARY NOLAN

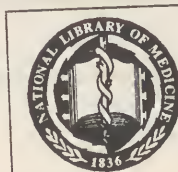
[OAK BROOK] Most physicians support legislation mandating that provider panels for managed care plans be open to all doctors who agree to meet plan requirements. That support was part of a debate on any-willing-provider laws at a May 1 seminar at the 1995 Annual Spring Meeting of the Illinois Association of Health Maintenance Organizations.

The physician perspective on any-willing-provider laws was presented by ISMS trustee Arthur Traugott, MD, who said the health care marketplace is changing at an almost "fright-

ening speed. Purchasers and providers are coming together and forming larger [and] increasingly powerful negotiation groups. These new alliances affect those who finance care and those who provide care." More importantly, those alliances affect patients, Dr. Traugott noted.

Large health care alliances have become a staple of today's health care system, he said. And (Continued on page 14)

MANAGED CARE



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

802 507 1795
JUN 2 1995
JUN 2 1995
JUN 2 1995

ISMS emeritus member garners Illinois honor

CEREMONY: Gov. Edgar presents Order of Lincoln Medallion to Chicago gastroenterologist. BY MARY NOLAN

[CARBONDALE] Joseph Kirsner, MD, PhD, of Chicago, was awarded the Order of Lincoln Medallion by Gov. Jim Edgar at an April 22 ceremony at Southern Illinois University in Carbondale. In receiving the medallion, Dr. Kirsner became a laureate of the Lincoln Academy of Illinois, the highest honor bestowed on individuals by the state. Recipients are recognized for their dedication in upholding the principles of democracy and humanity as exemplified by Abraham Lincoln, according to information from the Lincoln Academy.

A physician and scholar at the University of Chicago Medical Center, Dr. Kirsner has researched and written 11 books and more than 600 scientific papers on digestive diseases. Specifically, his research and writing have focused on inflammatory bowel disease, including



ulcerative colitis and Crohn's disease. His books have been used by students and physicians, as well as by patients and their families. In addition, he has lectured at hospitals and medical schools throughout the United States.

Dr. Kirsner began his medical career at the University of Chicago in 1935, shortly after earning his medical degree from the Tufts University School of Medicine. He became assistant professor of medicine in 1942, the same year he earned a PhD in biological sciences. Five years later, Dr. Kirsner became a full professor, a position he still holds today. His other leadership positions included chief of the gastroenterology section of the department of medicine and chief of staff and deputy dean for medical affairs for the University of Chicago Hospitals and Clinic.

Dr. Kirsner has also participated in organizations such as the National Foundation for Research in Ulcerative Colitis and the Chicago Society of Gastroenterology. He has served on editorial boards for 12 publications and is a member of 24 medical groups, including ISMS, the Chicago Medical Society, the AMA, the American College of Physicians and the American Gastroenterological Association. ■

ISMS plans group practice panel

[CHICAGO] Following a successful group practice forum at the Annual Meeting in April, ISMS has scheduled a second such panel discussion to address issues of concern to physicians working in group settings. The forum will be held June 17 from 12:30 p.m. to 4 p.m. at ISMS headquarters in Chicago.

"Many of those who participated in the first discussion expressed an interest in establishing some type of panel or forum for group practice physicians to exchange ideas and share their views with ISMS leadership," explained ISMS Board Chairman Ronald G. Welch, MD. "Our primary objective is to learn more about the issues they are facing and determine possible ways to respond to some of their specialized needs." ISMS is considering holding group practice forums regularly to continue meeting members' needs, he added.

The June 17 program will feature a discussion of physician-driven managed care led by John Ray, president of the Clearwater Group and the lead consultant for the Society's MSO feasibility study. An overview of ISMS' MSO initiative will also be presented. In addition, physicians may ask questions and provide input about challenges they face in their group practices.

Registration for the program is limited. To enroll, call (800) 782-ISMS or (312) 782-1654. ■



Linda Bartlett

JOAN CUMMINGS, MD, ISMS member and director of the Department of Veterans Affairs Edward Hines Jr. Hospital (center), receives the VA Secretary's Award for Advancement of Nursing Programs at a May 16 ceremony in Washington, D.C. Presenting the award are Jesse Brown, secretary of veterans affairs, and Nancy Valentine, PhD, RN, assistant medical director for nursing programs.

Subacute care program opens at West Suburban

[CHICAGO] The Rehabilitation Institute of Chicago has teamed with Oak Park's West Suburban Hospital to create ContinuCare, a comprehensive subacute rehabilitation program housed at the suburban facility. The program will provide physical, occupational and speech therapy to patients who no longer require acute medical hospitalization, according to David Storto, senior vice president of the Rehab Institute.

"The unit will specialize in treating people who are either too frail to endure comprehensive inpatient rehabilitation or too well to need intense treatment," Storto explained. "Subacute rehabilitation helps bridge the gap for patients who still need some level of care before being discharged to home or home care."

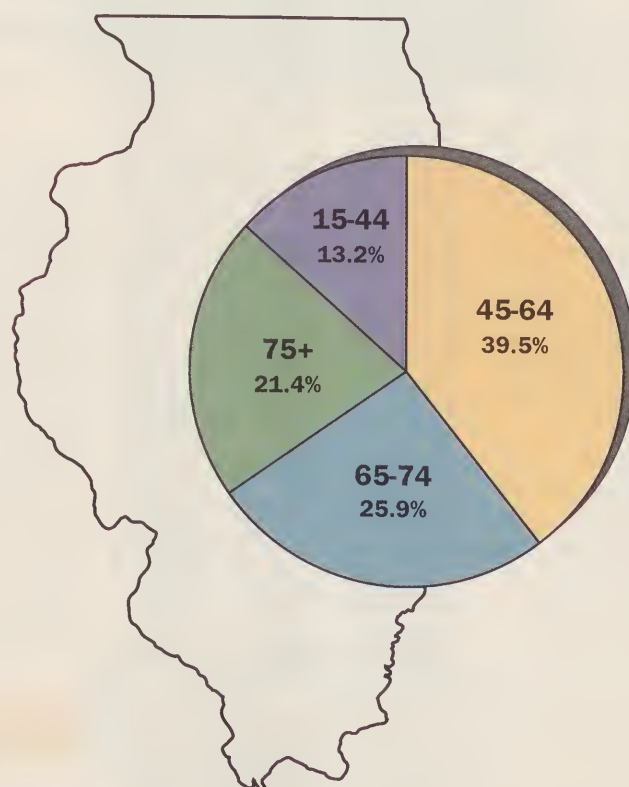
The program is expected to serve about 600 patients annually. Those patients will include people recovering from hip or knee replacements, stroke, amputation, brain injury or weakness after prolonged hospital stays, according to information from the Rehab Institute.

ContinuCare will meet patients' needs and the industry's demand for high-quality and cost-effective treatment, said Henry Betts, MD, president and CEO of the Rehab Institute. "Patients want convenient, personalized care, and payers are demanding an appropriate level of care at the best cost. Our initiative with West Suburban is part of RIC's effort to develop a full continuum of care to meet all these needs without sacrificing the high quality of care that hospitals like RIC and West Suburban are committed to providing."

"There is a proven demographic need in this area for subacute rehabilitation," noted Doug Dean, president and CEO of West Suburban. "We believe that the health care environment will continue to evolve toward this type of long-term care, and this new venture fills an ever-increasing demand for this level of service." ■

PHYSICIAN FACTS

Ages of Illinoisans diagnosed with breast cancer 1986-90



Source: Illinois Department of Public Health, April 1994

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Women physicians and lawmakers meet

LEGISLATION: An ISMS-sponsored dinner facilitates an exchange of ideas on health care topics. BY MARY NOLAN

[SPRINGFIELD] During a May 10 legislative dinner in Springfield, women physicians and lawmakers from around Illinois discussed issues related to pending state legislation. The meeting was part of a series sponsored by ISMS to build rapport between women legislators and ISMS members and help increase awareness about patient and physician concerns.

Among the physicians who attended the meeting were Jane Jackman, MD, ISMS Fifth District trustee and a Springfield general practitioner; Judith Savage, MD, a Tinley Park pediatrician; Janis Orłowski, MD, an ISMS Third District trustee and a Chicago nephrologist; Georgia Davis, MD, a Springfield pediatrician;



Dr. Davis

and Rashida Loya, MD, a Naperville anesthesiologist. Legislators attending included Reps. Ann Hughes (R-McHenry), Shirley Jones (D-Chicago), Mary Flowers (D-Chicago), Carolyn Krause (R-Mt. Prospect) and Eileen Lyons (R-LaGrange) and Sen. Adeline Geo-Karis (R-Zion).

Dr. Jackman provided an update of physicians' concerns about proposals that were submitted to the General Assembly by the business community and are aimed at reforming the workers' compensation system. That reform effort involves balancing the varied interests of the medical, business, insurance, legal and labor communities.

When seeing injured patients, "doctors are caught in the middle of treating patients and restoring them back to health," said Dr. Jackman. "We want to make sure our patients get the best and appropriate care."

The business community proposals recommend solutions to problems in the system such as fraud and compensation for intoxicated workers. But those proposals are designed in a such a way that it could make it more difficult for physicians to treat patients. In addition, physicians are worried that the business community's goal of cutting costs would be achieved at the expense of quality patient care, Dr. Jackman noted.

Some of the proposals, for example, would eliminate the patient's choice of physician or would preclude a second opinion from a doctor chosen by the patient. Such proposals are not acceptable to physicians, Dr. Jackman said. "This is not good patient care, and it will also not save money." The business community also wants to restrict the use of specialists and increase the use of managed care. However, there is no evidence to suggest that HMOs would save money in treating injured workers, she added.

Another business recommendation calls for the elimination of a set fee schedule and balance billing. The business community has complained that physicians charge more for treating workers' compensation patients, Dr. Jackman said. But the system is very complicated, and doctors sometimes charge a little more for treatment ren-

dered to workers' compensation patients, because of such built-in hassles as increased paperwork and billing procedures. "It's justified to charge a little extra because there is so much more work involved."

The physicians at the dinner also shared information with legislators about some negative effects of managed

care in Illinois, stress management, mammography screening and osteoporosis. There was also a question-and-answer period.

The event enabled lawmakers from different sides of the aisle to share information and thanks. For example, Geo-Karis applauded Flowers on her efforts to pass an adoption bill that requires the

Illinois Department of Children and Family Services to ensure a child's best interests are met by giving due consideration to the child's race or ethnic heritage when the department makes foster care placements. The bill allows DCFS to place children with families of a different racial or ethnic heritage.

This was the first ISMS legislative dinner Geo-Karis attended. "[It] was so good, I'll be back next time," she said. ■



Flowers



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B

THE ISSUE OF PHYSICIAN ORDERING OF LABORATORY TESTS

Unnecessary laboratory testing, ordered by physicians, has been a runaway problem of overutilization for Medicare. This problem has resulted in the unnecessary allowance of millions of Medicare dollars, and resulted in several investigations being conducted by the Office of the Inspector General. Medicare carriers are charged to institute program safeguards, including the development of local medical policies.

Customized panels of laboratory tests are at the heart of the problem of unnecessary laboratory testing in Illinois, and around the country. A customized panel is one in which one or more special tests (e.g., glycated hemoglobin, ferritin) are added by the laboratory, sometimes at a physician's request, usually to an automated multi-channel profile of tests (e.g. "SMAC" 18). The physician may never personally see the laboratory order sheet, may not be aware of exactly what tests comprise a customized panel, and usually assumes the tests are run inexpensively and automatically on one machine. What the physician does not usually realize is that tests added to the automated profile are billed separately to Medicare and that an add-on test may cost as much or more than all of the other automated multichannel tests it was ordered with.

The difficulty in controlling the overutilization associated with customized panels led to this carrier developing a medical policy designed to prevent the use of customized panels. The policy would simply require physicians to order laboratory tests according to the laboratory codes as they are defined in the CPT.* Since laboratory tests are billed according to their CPT or HCPCS codes, why not have them ordered the same way? By ordering laboratory tests only as they are defined in the CPT, physicians would always know what tests they are ordering, because the test profiles and panels would always be the same. If special tests were required, they could be ordered individually as needed. However, the Health Care Financing Administration (HCFA) believed carriers do not have the statutory authority to specify how physicians order laboratory tests, and this policy was not put into effect.

Carriers do, however, have the statutory authority to require such information as may be needed to establish medical necessity for the ordering of laboratory tests, which led to an alternate medical policy directed at controlling this problem. Many medical coverage policies require appropriate ICD-9-CM** diagnostic codes to establish medical necessity. This carrier, along with the carriers in other states, have proposed to require an ICD-9-CM diagnostic code, supplied by the ordering physician and establishing medical necessity, for each line item laboratory test billed to Medicare. Claims for add-on tests not supported with appropriate ICD-9-CM codes would be denied. While not as simple as ordering laboratory tests by their CPT code definitions, this policy would effectively stop the use of customized laboratory panels and the associated waste of healthcare dollars.

This policy is currently under review by each of the medical specialty societies, and comments to the carrier should be directed through each specialty society's Carrier Advisory Committee member.

*CPT five-digit codes, two-digit numeric modifiers, and descriptions only are © 1995 American Medical Association

**International Classification of Diseases, Clinical Modification, Fourth Edition, 1995

Illinois Medicine

VOLUME 7, NUMBER 11

JUNE 2, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	Harold L. Jensen, MD
Alfred J. Clementi, MD	William E. Kobler, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Arthur R. Traugott, MD	

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

The most qualified care

A Senate bill allowing optometrists to prescribe and administer therapeutic drugs passed the House last month and is on the desk of Gov. Jim Edgar. ISMS and the Illinois Association of Ophthalmology fought hard to defeat it and have successfully opposed the concept for several years.

Throughout this legislative session, ISMS has told lawmakers why physicians are so worried about S.B. 185. If the bill is enacted, optometrists would be allowed to perform any nonsurgical procedure taught in optometry school and to treat medical diseases of the eye, including glaucoma, infections and inflammations. Glaucoma is one of the most difficult eye diseases to diagnose and manage and has no symptoms. In addition, the drugs used for treatment can have serious side effects, such as cardiac arrest and respiratory distress.

Unlike physicians, who receive extensive clinical training, optometrists receive little clinical experience in optometry school. Medical students complete 5,200 clinical hours, not including internships and residencies, compared with optometry students, who complete only 900 to 1,200 hours. Ophthalmology residents manage up to 15,000 patients in the last three years of training, and they see more diseased eyes in one day than optometry students see in all four years of optometry school. Optometric students have some contact with only about 1,200 patients during their entire training.

There has been an increase in the number of malpractice cases related to the

eye, including suits with six- and seven-figure awards. In many of those cases, patients were misdiagnosed or treated incorrectly by optometrists. Most resulted from optometrists' undeveloped diagnostic abilities.

Optometrists are the highest utilizers of visual-field tests and fundus photos, according to Medicare data. Actually, those tests should be performed only when physicians must confirm a diagnosis, believe patients are at risk for certain diseases or plan to perform a surgical procedure and need detailed information for the treatment plan.

There is no evidence that S.B. 185 would improve access or reduce health care costs. Under Medicare and private insurance, optometrists receive reimbursement equal to that of ophthalmologists. The Illinois Optometric Association listed as one of its long-term goals achieving equal reimbursement under Medicaid.

Earlier in the session, the Society sent all members a call to action, and through the grassroots key contact program, members in targeted legislative districts called their state representatives to urge them to oppose the bill. But despite our intense, consistent efforts, the measure advanced.

However, the governor has not yet signed it. There's still time for you to write and tell him why this bill should not become law. Only in medical school do physicians gain the clinical knowledge and training to treat medical diseases of the eye. And most important, our patients deserve the most qualified care.

PRESIDENT'S LETTER

Win some, lose some

Raymond E. Hoffmann, MD



We must not let those who have lower standards or a lesser scope of training have equal access to treating patients.

The optometrists have won the legislative battle to prescribe and administer therapeutic medications. A few years ago, they won the ability to give diagnostic medications. Does this mean we agree that they have the expertise of physicians? What will come next? Will they want to perform operations and use lasers? Are we losing our ability to protect our patients from practitioners who lack training about the entire human body?

Let's step back and put the issue in perspective. This year we won a 20-year battle against lawsuit abuse – the sweetest victory we have had in a long time.

We were able to convince our friends in the General Assembly of the importance of that legislation. Money did not buy the votes, as has been claimed by some. What turned the tide was involvement in campaigns, pro-cap support during the debate and the influence of grassroots physicians (all of you out there in your offices).

But now we lost one. I was asked by a news reporter why we couldn't keep this bill from passing now, when the majorities in both houses are our friends. Friends do not always agree, however. As medicine changes, there will be increasing pressure from all sides – not only from hospitals, insurance companies and managed care organizations but from limited-license practitioners, too.

This is an important issue. We have to take a stand everywhere and anywhere we feel that the care of our patients is at stake. Patients look to us and expect us to offer only the best of care. They also expect us to protect them from ineffectual care and unqualified practitioners. That is what patients say to us every time we ask them, and that is what their attorneys demand through the threat of lawsuits.

ISMS took a strong stand on this issue. We did not want the legislature to grant MD/DO credentials through legislation to those

practitioners who are less educated than physicians. All of you received a call to action. Did you act? Did you tell your senator or representative what you thought? Will you write or call the governor to ask him not to sign this legislation?

The ISMS lobbyists went all-out. But in the end, friends disagreed. The very people who led the fight for tort reform also led the fight to pass this bill. The final vote was close but not on our side.

Where do we go from here? The most fascinating thing I have observed from politicians is their persistence. The optometrists won this legislative fight by their persistence. We must also be persistent.

THE LEGISLATORS NEED to know that our patients (and that includes every legislator) deserve practitioners educated about the entire human body – MDs and DOs. Bodily ailments don't have differing standards depending on who is providing the treatment. So all treaters of human disease should meet the same standards. We must not let those who have lower standards or a lesser scope of training have equal access to treating patients.

The governor needs to know he should not lower those standards. Everyone needs to know that our patients demand and expect nothing less than the high standards to which they're accustomed.

I am so proud of my MD that it hurts a little each time I see anyone who lacks an MD or DO but who uses the same authority and privileges to treat patients. This is not a turf battle, but it is truly the result of wanting the best for our patients. Someday I may be a patient. Someday legislators may be patients. Whom do they really want to care for them?



"I'm considering you as my primary care physician, but you'll still have to go through the confirmation process with my accountant, financial adviser and attorney."

GUEST EDITORIAL

Our common goal: quality patient care

By Arthur Traugott, MD

If anyone doubts that the medical marketplace is changing rapidly, those doubts would have been readily dispelled by observing the 1995 ISMS annual House of Delegates meeting. Reference Committee B dealt with a number of these issues. The testimony in that committee indicated that physicians are feeling pressured from many different directions as new types of practice evolve. As with the five blind men who described only what they were able to perceive of the elephant, physicians often look at the marketplace only from their own vantage point. It is difficult to find a high point from which the entire marketplace can be seen.

The problem for physicians is coping with this phenomenon. We need to remind ourselves of the primary goal of our profession: to provide quality medical care to our patients. Society has given physicians special privileges and honors because we serve patients. That must always be foremost in our minds when we deal with the evolving marketplace.

Our House of Delegates recognized that there is no one way to respond to the medical marketplace and has taken a position of pluralism regarding advocacy on behalf of members involved in various medical delivery systems and a level playing field for all physicians.

Charting these treacherous waters requires us to remain united in our professional commitment and to respect one another no matter what type of practice we choose. ISMS members have made thoughtful decisions about

the type of practice in which they participate. Regardless of their decision, their goal is still to provide quality care to patients. Quality medical care is not the exclusive domain of my particular medical practice. The practice setting in which physicians choose to deliver care does not make them good or bad.

The changes in the medical marketplace are causing some of our members considerable pain. Their practices are being altered. ISMS is obligated to help these physicians adapt so that they can continue to deliver quality medical care as their practices change.

Other physicians belong to plans and organizations that have been monitoring those changes and adapting to them. These member physicians – who may be faring somewhat better – cannot ignore the stress and pain that some of their colleagues are enduring.

We need to rally around our goal of providing high-quality care. We do not discriminate against or classify patients on the basis of the health plans in which

they participate. Likewise, we physicians should avoid labeling our colleagues on the basis of their type of practice or the plans through which they choose to practice.

Providing quality care to our patients must remain our top priority. We cannot afford to be divided by internecine conflict. We need to stand together, respectful of one another, to ensure that our patients are not shortchanged as medical delivery systems continue to develop.



Dr. Traugott, a psychiatrist practicing at Carle Clinic in Urbana, is an ISMS trustee at large and a former Society president.

Quotables

"It's basically on autopilot, and we've got the autopilot set so that it's going to fly into the side of the mountain."

— **Guy King**, a former chief Medicare actuary, on the outlook for Medicare, National Public Radio

"Rising medical costs and longer life expectancy aren't the reasons Medicare costs will boom in the next century – it's too many boomers."

— **USA Today**

"Now [seniors] should not accept any [Medicare reform] plan that takes away their choice of physicians and hospitals or cuts the medical care they need. They must be able to keep seeing a trusted doctor if they wish, must have easy access to specialists and must be assured that the providers who get their Medicare money consider seniors as valued people and not just a way to make money for investors."

— **Joan Beck**, columnist, Chicago Tribune

"We simply can't see how slapping price controls – no matter how limited – on the insurance industry will help when the pricing mechanism in the health care market is already badly distorted by government policy."

— **Investor's Business Daily** editorial

"Blacks seem to be turning off the message from cigarette companies that smoking is cool. For blacks, it no longer provides that function. You hear black teens saying smoking's a white thing."

— **Dr. Michael Eriksen**, chief of the CDC's Office on Smoking and Health, on the decline in smoking among African-American teen-agers, New York Times

"People can smoke all they want in the year 2002. There just won't be nicotine in the product."

— **Massachusetts state Rep. Douglas Stoddart**, on an amendment to a bill in the legislature that would ban nicotine in all tobacco products, Boston Herald

"If you want to control lung cancer, you've got to study the tobacco industry, because the way tobacco successfully spreads lung cancer and other diseases is through its influence in the political process."

— **Stanton Glantz**, of the University of California at San Francisco, who is conducting a National Cancer Institute study in six states to determine the tobacco industry's influence on voting and policy-making, Washington Times

"War is the perverse handmaiden of medical progress. Practically every war results in medical advances in two fields: infectious diseases and trauma surgery."

— **Dr. Russell Maulitz**, a medical historian and professor at the Medical College of Philadelphia, Chicago Tribune

During ISMS' Annual Meeting, ISMS Immediate-past President Alan Roman, MD (bottom left), presents Chicago Tribune columnist Joan Beck with the Society's Nonphysician Public Service Award. Beck often covers health care topics in her columns. John May, MD (right), a Chicago internist, received the ISMS Physician Public Service Award in recognition of his anti-violence initiatives.



Photos by John McNulty

Hyde

(Continued from page 1)

committee efforts to include them, a difficult battle is expected. Several senators are adamantly opposed to expanding the bill, said Peter Levinson, general counsel for the House Judiciary Committee. "They're going to argue any broader bill."

By eliminating all provisions unrelated to product liability from the Senate bill, sponsors ensured the measure's passage, Levinson said. Without such action, the sponsors would have been unable to obtain the three-fifths majority, or 60 votes, needed to end a Democratic filibuster on the bill. Any future attempts to restore the medical malpractice provisions will have to withstand another filibuster in the Senate, he added. Therefore, it appears it will be extremely difficult to pass medical malpractice reforms as part of an overall federal bill this year. In addition, President Clinton has repeatedly threatened to veto a broad legal reform bill.

WE ARE CLEARLY disappointed that the U.S. Senate has decided to exclude significant medical liability reform from its lawsuit reform efforts," said James Todd, MD, AMA executive vice-president. More than 70 percent of Americans favor medical liability reform, he

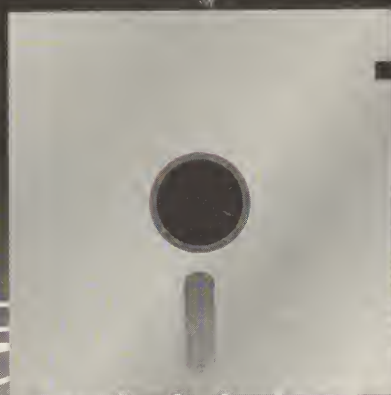
noted. "This is clear-cut. Serious liability reform must include our medical professionals."

In response to the Senate action, the AMA has pledged to work with Sen. Orrin Hatch (R-Utah), who previously introduced a bill that includes a cap on noneconomic damages in all civil lawsuits, including medical malpractice cases. The bill, S. 672, is still alive. "For many Americans, rich or poor, private citizen, small business person or major corporation, the prospect of going to court, regardless of the merits of the case, is about as welcome as root canal work or an IRS audit," Hatch said. Broad reform is necessary to address the two major problems in the

current civil justice system — lack of adequate compensation for deserving plaintiffs and unnecessarily high litigation costs, he added.

Hatch's bill is in the Senate Judiciary Committee, where hearings have already been held on the measure. Since Hatch is chairman of that committee, his bill is expected to reach the Senate floor for a vote during the next several weeks, according to a committee spokesperson. But that bill would also face the same challenges and filibuster that forced sponsors of the compromise bill passed last month to abandon inclusion of medical malpractice reforms. ■

THE FUTURE OF PHARMACY SERVICES HAS ARRIVED



Introducing Pre-Scribe, Walgreens Link to the Future

In a busy doctor's office, conventional phone calls to and from pharmacies often tie up staff, keep patients on hold, and take too much time. Fortunately, Walgreens has developed a new computer software program that brings the future of pharmacy services to doctors' offices now. It's called "Pre-Scribe," and it gives doctors' offices the power to transmit refill authorizations and new prescriptions to Walgreens without using voice phone lines. Compared to conventional phone calls, Pre-Scribe is faster, more private, more accurate, and best of all, it's practically as easy as dialing a phone. Just

a few keystrokes are all that's needed to transmit complete prescription information. This service is provided free to physicians and runs on both DOS and Unix computers.* So if you're interested in less phone time for your staff and clear phone lines for your patients, this is one free offer you can't afford to pass up. For more information, call Venita Clark or Ernie Pitting, Monday through Friday, 9 a.m. to 5 p.m., at (708) 818-1093.

*Walgreens will even provide free training and setup. A modem in the doctor's office is required to access the Walgreens computer.



Walgreens
The Pharmacy America Trusts

FRAUD

Hear no **FRAUD**
See no **FRAUD**
IS THERE **FRAUD**?



Are you protecting your
ASSETS?

CALL OUR HEALTHCARE
SPECIALISTS REGARDING
A REVIEW OF YOUR
CASH CONTROL
PROCEDURES

MUELLER & CO.

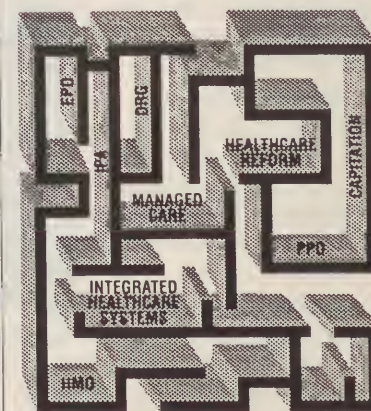
Certified Public Accountants
Management Consultants

Dwain Tataryn
Dave Nissen
Jim Hare

1750 Grandstand Place
Elgin, IL 60123
(708) 888-8600

and

1652 E. Main Street
St. Charles, IL 60174
(708) 377-2550



Has your path to
profitability become a
complex maze????

Hyde supports
cap on
noneconomic
damages

PAGE 1

ISMIE Update

H.B. 20
constitutionality
suit dismissed

PAGE 1

Liability in managed care discussed

RISK: Physicians face new issues in the changing marketplace. BY MARY NOLAN

[OAK BROOK] In the past several years, there has been a surge in medical malpractice claims filed against physicians practicing in managed care plans, said Jere Freidheim, MD, chairman of ISMIE's Risk Management Committee. Dr. Freidheim participated in a May 1 panel discussion during the 1995 spring meeting of the Illinois Association of Health Maintenance Organizations. The program covered medical malpractice risks and issues facing health care providers in a managed care environment.

*Liability problems
can occur in
all types of
physician
practices, not
just in
managed care.*

the concept of gatekeepers and primary care patients, because in this type of managed care arrangement, patients can fall through the cracks, Dr. Freidheim explained. As an example, he cited the case of a diabetic female patient who had been under the care of an internist specializing in diabetes. The patient changed health plans and had to switch to a primary care physician enrolled in her new plan. When the woman became pregnant, she was referred to an Ob/Gyn, who was aware of her condition, and the primary care physician turned over her care to that physician. In such cases, the question asked is, Who is ultimately responsible for the patient? said Dr. Freidheim.

Misplaced laboratory reports are also a problem, he noted. In one case, a patient complaining of a lump in her breast visited her primary care physician. That physician referred her to an Ob/Gyn, who suggested she have a mammogram. The test results were sent to the primary care physician, not the Ob/Gyn, even though the Ob/Gyn had assumed responsibility for the patient's care, including follow-up exams. "Again, this is where the patient suffered a serious delay in treatment."

Other liability risks arise when insurers deny coverage for procedures that are performed by primary care physicians — especially in emergency rooms — and that the insurer says extend beyond their scope of practice, he said. There have been instances in which physicians have recommended a specific course of treatment but the managed care plan has reversed the doctor's decision by refusing coverage, Dr. Freidheim explained.

Market forces are driving the quality of care in HMOs, said Kim Arnowitz, chief legal counsel for Humana Health Care Plans Inc., who was also a panelist. In addition, managed care plans, especially those with closed-model medical staffs, try

to reduce liability by controlling the delivery of care through such means as credentialing, practice guidelines, quality assurance programs and organizational liability.

However, data from a 1993 ISMS survey showed that most

Illinois physicians do not practice in closed-model HMOs, Dr. Freidheim said. Fifty-four percent of physician respondents said they participated in some type of managed care plan. Notably, those physicians said they generally are associated

with several plans and have multiple payment arrangements. So, the "claims data we have are not reflective of physicians practicing in closed-model HMOs but rather represent physicians practicing in [a variety of insurance plans]," he added.

Liability problems can occur in all types of physician practices, not just in managed care, Dr. Freidheim concluded. "It is our job to be vigilant and educate physicians about them." ■

MALPRACTICE ROUNDUP

Florida lawmakers repeal tobacco law

Lobbyists for cigarette companies helped sway Florida legislators to repeal a year-old law that enabled the state to sue the tobacco industry for the cost of treating smoking-related illnesses, according to the Wall Street Journal. The action derails a \$4.4-billion lawsuit the state had brought against cigarette manufacturers in February.

Under the statute, the state could sue tobacco companies on behalf of all Medicaid-covered smokers, not just on a person-by-person basis. The law allowed the state to use statistics to show the relationship of smoking to disease but prohibited tobacco companies from arguing that individuals smoke even though they understand the risks involved, the article said. The law also prohibited tobacco companies from raising questions about the role their particular brand played in a person's illness.

Gov. Lawton Chiles promised to veto the repeal and to proceed with the suit. Florida's legislative session has ended, but legislators could override the veto in a special session, the story said. ■

Physicians not liable for infant's nerve damage

An emergency room physician and an orthopedist were not negligent in treating an infant's anterior dislocated hip, which caused nerve damage, according to a verdict entered by a Florida circuit court jury. The girl's leg was eventually amputated because of the nerve damage. She was injured when a relative who was carrying her was hit by a car, noted a summary of Rodriguez vs. Yount in the National Law Journal. Her family sought \$12 million from the physicians.

But the Palm Beach jury agreed with the defense's contention that the accident, not the physicians, caused the nerve damage. The

plaintiffs are appealing the verdict.

At the time of the incident, Florida law allowed the prevailing party in a medical malpractice suit to recover fees and costs, and one of the physician's attorneys filed a request for attorney fees. The court ordered the plaintiff to pay \$328,580. The law regarding the recovery of attorneys' fees has since changed, the story said.

In a separate suit against the driver of the car, the child's family won a \$3-million settlement. ■

Hospital must produce pertinent records

A case heard recently by the Alaska Supreme Court underscored the important role of medical records in defending malpractice suits. In Sweet vs. Sisters of Providence in Washington, the court ruled that a defendant hospital will be presumed negligent if it can't produce key records in a case, according to Medical Malpractice Law & Strategy. In issuing its decision, the high court reversed a lower court verdict for the defense and ordered a new trial.

The plaintiffs alleged their son's mental retardation, cerebral palsy and blindness were caused by a bacterial infection the baby contracted after being circumcised. They accused the hospital of "negligent and/or intentional spoliation of evidence" for not producing the boy's medical records, the story explained.

The trial judge had ruled that the hospital had the burden of proof on the issue of negligence but not on the issue of causation. But the high court said the hospital should have the burden of proof on both issues. "Just as the missing records may have impaired the [plaintiffs'] ability to prove medical negligence, they would in the same way impair [the plaintiffs'] ability to prove a causal connection between any negligence and [the child's] injuries," the court said.

To support its ruling, the Supreme Court cited four cases in which similar decisions were made. ■

House adopts m

Physician delegates act on managed care

BY MARY NOLAN

ACUPUNCTURE

The House of Delegates adopted a resolution that revises ISMS policy on acupuncture. The policy change will help the Society realistically address potential legislation seeking to establish licensure of acupuncturists. Notably, the policy ensures that physicians remain in control of medical care by requiring that acupuncture be provided only with a prescription from the patient's physician and ongoing physician supervision. The change was recommended after the ISMS Council on Education and Manpower carefully reviewed the medical literature on acupuncture, which revealed that such treatment can be effective.



ISMS trustees Harold Jensen, MD (top left), and Jere Freidheim, MD, discuss issues at the House meeting. ISMS President Raymond E. Hoffmann, MD (lower left), listens to Illinois House Speaker Lee Daniels (R-Addison) during the Society's public affairs breakfast. Sharon Scott, president-elect of the AMA Alliance (bottom right), installs Sylvia Eberle, of Rockford, as ISMS Alliance president.



GOOD SAMARITAN ACT

Noting the high number of patients who become incapacitated by an injury or disease, delegates approved a resolution to promote legislation broadening the state's Good Samaritan Act. The resolution called for the act to be expanded to provide protection from civil liability to unpaid volunteers who transport such patients from their residences to obtain medical services from health care providers. Only positive testimony was heard about this resolution, and delegates applauded the measure's intent as a way to encourage volunteerism.

HELMETS

Delegates adopted a resolution directing ISMS to lobby the General Assembly for a law requiring motorcyclists to wear protective helmets.

The House did not adopt a more stringent resolution that called for the Society to prompt legislation mandating payment of a special licensing fee by motorcyclists who opt not to wear helmets. Delegates agreed with the reference committee's recommendation that this resolution not be adopted because attempting to determine such a fee would be problematic.

Similarly, the HOD adopted an amended resolution directing ISMS to support legislation mandating that adult and child bicycle riders wear helmets. The measure received only positive testimony.

ISMS PHYSICIAN NETWORK OR MSO

The HOD adopted a resolution that urges ISMS to establish a physician network or management services organization if appropriate. The measure generated considerable discussion in reference committee.

The committee's report explained that the Society's Management Services Organization Committee is developing a business plan for an MSO under the direction of the Board of Trustees. If that plan shows such a venture to be viable, the reference committee recommended and the House agreed that the board should expeditiously implement that plan to help member physicians thrive in the changing marketplace.

ETING

W ISMS policies

e related to patient choice,
public health.

TAMARA STROM

MANAGED CARE CREDENTIALING

Delegates overwhelmingly adopted a resolution directing ISMS to develop a universal credentialing form that would be accepted by all managed care organizations. In its report, the reference committee noted that ISMS' Committee on Third Party Payment Processes is working with various managed care entities to develop such a form to reduce paperwork hassles for physicians and their staffs.

In a related action, the HOD adopted a resolution that denounces the practice by some managed care entities of requiring that physicians who are added to their medical provider panels be board-certified. Many physicians testified that board certification is only one gauge of a physician's competence and therefore should not be the sole criterion for participation in managed care plans.

PATIENT CHOICE OF PHYSICIANS

Delegates debated three resolutions addressing the issue of patient choice of physician, including direct access to specialists. During heated reference committee debate, supporters voiced concern that the gatekeeper concept is being used by adversaries of the medical profession to divide and conquer Illinois physicians. Many who testified said they believed that every patient should have his or her choice of physician. For example, they cited studies showing that most women view their Ob/Gyn as their primary or only physician. But critics charged that allowing any physician to designate himself or herself as a primary care doctor would prompt opponents of medicine to push for physician licensing by specialty.

The House adopted two of the measures, as well as a substitute resolution offered by the reference committee. The substitute resolution calls for ISMS to continue working aggressively as an advocate for physicians in their dealings with third-party payers and managed care entities. The measure also directs the Society to develop and disseminate educational materials addressing patient access to physicians in managed care plans. In addition, the delegates reaffirmed ISMS policy to preserve patients' freedom to choose their physicians.

The second resolution directs the Society to support legislation giving patients free choice of physician, including generalists and specialists.

The third instructs ISMS to promote legislation that enables



Delegates (top left) confer about resolutions on the House floor. Kane County delegate Eugene Loftin, MD (top right), testifies. Dennis Stanczyk, MD (bottom right), receives a pin for contributing to IMPAC, the Society's political action committee.



Photos by John McNulty



Ob/Gyns to have direct access to patients as their initial health care contacts and to perform

initial patient evaluation and management if they have the expertise and meet certain eligibility requirements. The measure also calls for Ob/Gyns to be permitted to coordinate patients' subsequent and continuing care.

PREGNANCY AND HIV TESTING

Aiming to curb the number of babies born with HIV, the House passed a substitute resolution stating that ISMS endorses encouraging HIV testing for women early in their pregnancies. The measure also notes the Society's support for appropriate treatment for women who are HIV-infected and pregnant to try to prevent transmission of the virus to their babies.

SMOKING BAN

Acknowledging that existing ISMS policy calls cigarette smoking a major health hazard, delegates adopted a substitute resolution addressing a ban on smoking in public buildings. Specifically, it calls for the Society to support a ban on smoking in hotel guest rooms, offices and other public facilities. ■

Get the home financing treatment you deserve as a physician with the



BUYING POWER PLEDGESM

when you take advantage of The
AMA-Sponsored Home Mortgage Program.

- ✓ We will reduce your out-of-pocket costs.
- ✓ We will reduce your paperwork.
- ✓ We will give you a loan decision in as little as 24 hours.*
- ✓ We will close your loan in as few as 15 business days, even in the evening or on Saturday.**
- ✓ We will give you buying power in the home you already own with one of our home equity options.

HANDLE EVERYTHING UP UNTIL CLOSING BY PHONE!
8 a.m. to midnight (ET)

1-800-AMA-4PRU
(1-800-262-4778)

Prudential Home Mortgage 

AMA Financing & Practice Services, Inc.
A Subsidiary of the American Medical Association



*Eligibility requirements for 24 hour loan decision include: a 20% down payment, an overall good credit rating and a signed purchase contract. Single-family dwellings only. Condos, Co-ops, second homes and investment properties are excluded. Also, because your loan decision is not subject to an appraisal, you may want to consult your legal advisor to include an appraisal contingency in your purchase contract. Other conditions may apply, such as a maximum loan amount. Call your financing representative for details. Example — 30 year \$100,000 mortgage: Fixed, simple interest rate 9.5%, APR 9.704%, 360 \$840.86 monthly payments. **Not available in all states. The 15-day close is subject to certain conditions. An additional fee applies to Saturday closings. Contact a Prudential Home Mortgage representative for details. Home equity loans are currently being provided by Prudential Home Mortgage or its affiliate, The Prudential Bank. The Prudential Bank means The Prudential Savings Bank, F.S.B., The Prudential Bank & Trust Company or PBT Mortgage Corporation, all of which are subsidiaries of The Prudential Insurance Company of America. The Prudential Savings Bank, F.S.B., The Prudential Bank & Trust Company are members FDIC. Loans subject to credit approval. Certain restrictions apply. Account features, associated rates, fees and charges may differ among geographic regions and may be modified or discontinued. Certain restrictions apply. State availability subject to change. Information in this advertisement is accurate as of 3/1/95 and is subject to change without notice. Buying Power Pledge is a service mark of The Prudential Insurance Company of America. The Prudential Home Mortgage Company, Inc., 8000 Maryland Avenue, Clayton, Missouri is in the business of originating, processing, purchasing, and selling residential mortgage loans secured by liens on real property. The Prudential Home Mortgage Company, Inc. is an affiliate of The Prudential Insurance Company of America, doing business as P.H. Mortgage Company, Inc. in Ohio. New York Office: Expressway Executive Center, Suite 100, 48 South Service Road, Melville, New York 11747; Arizona BK 8408, Florida Licensed Mortgage Lender; Illinois Residential Mortgage Licensee; Licensed Mortgage Banker/New Jersey Department of Banking; Calif. Broker/Lender. All California loans are made pursuant to a California Department of Corporations Consumer Finance Lender license or Commercial Finance Lender license. Equal Housing Opportunity.

H.B. 20 challenge

(Continued from page 1)

to whether this is a manageable case," she continued.

The plaintiffs' attorneys, whom Kinnaid said "appear to challenge the tort reform act in its entirety," claimed during the hearing that the suit was the most efficient way to handle concerns about H.B. 20. "No one case ever will address every aspect [of H.B. 20]," said Curt Rodin, president of the Illinois Trial Lawyers Association. "That's the beauty of the taxpayer suit."

H.B. 20 is the "most devastating assault by one department of government on another in the history of this state," said William Harte, an attorney for the plaintiffs. The plaintiffs alleged it "violates the doctrine of separation of powers, lacks a rational basis for any legitimate governmental purpose, violates the 5th, 7th and 12th Amendments of the U.S. Constitution and has certain unconstitutional characteristics arising out of the Illinois Constitution of 1970."

Specifically, the complaint challenged the state's obligation to spend taxpayer money to print and implement the law. In response, the defense contended that H.B. 20 creates no new expenditure related solely to the statute. In addition, defense attorneys argued that state officers named in the suit have "no direct connection to the tort law system and that the ends of justice would be better serviced by constitutional challenges involving interested parties on a case-by-

case basis in the normal course of personal injury litigation."

In her ruling, Kinnaid said the expenditures in question were not new to the passage of tort reform legislation and called the plaintiffs' contention that public funds should not be used to print the law "absurd." The plaintiffs' theories regarding the expenses have "no support in any established precedent. No appropriate injunctive relief is sought herein and no enforceable injunctive order can be fashioned relating to the claimed expenditures," she wrote.

"The ruling is encouraging in that it closed off the first avenue of challenge pursued by lawsuit reform's opponents," said ISMS President Raymond E. Hoffmann, MD. "However, physicians have realized from the beginning that upholding lawsuit reform would be a long process and that this decision would represent just one early step. We continue to expect that lawsuit reform issues will ultimately be ruled upon by the Illinois Supreme Court, and we remain confident that those issues will be decided in favor of patients, physicians and the Illinois economy as a whole."

After the hearing, plaintiff attorneys vowed to continue their assault on the law. Attorney Todd Smith said plaintiffs could join previously filed declaratory actions that challenge various aspects of H.B. 20 or proceed on the taxpayer basis. In the past, the Supreme Court has heard cases on appeal when standing was denied in the lower court, he explained. "We will be back." ■

PHYSICIANS

Ravenswood Hospital Medical Center currently seeks Inhouse Obstetricians and House Physicians with the following qualifications and responsibilities:

Inhouse Obstetrician: Illinois Medical License and OB-Gyn training to qualify for Cesarean and other privileges. Will provide coverage for L&D and Gyn inpatients while Attending Physician is not present, monitor and assess patients' condition and perform procedures as deemed necessary to preserve the patients' health, and participate in our teaching program.

House Physician: Illinois Medical License and adequate OB-Gyn training needed to assist Inhouse OB-Gyn residents in performing their duties. Under the direction of the Inhouse Physician or Attending Physician, will evaluate patients and perform procedures, complete histories and medical examinations in addition to progress notes and other reports.

Full and part-time positions are available - 12 hour shifts Sunday-Tuesday, or Thursday-Saturday. In return, we offer competitive salaries and excellent benefits. Please contact the **Department of Obstetrics and Gynecology at (312) 878-4300, ext. 1245, or send your curriculum vitae to: Human Resources, RAVENSWOOD HOSPITAL MEDICAL CENTER, 4550 N. Winchester, Chicago, IL 60640. EOE.**



RAVENSWOOD
HEALTH CARE

Caring... is what we do best

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

BC/BE family practitioners: Residency-trained, full-time position - house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Board-certified specialists in cardiology, cardiothoracic surgery, vascular surgery, plastic and reconstructive surgery, orthopedics, urology, general surgery and Ob/Gyn to review medical records of medical malpractice cases to determine medical merit for plaintiff/defendant. Challenging opportunity with attractive hourly compensation. If interested, please call (800) 591-5600 for details. National Medical Resources Inc., 330 E. Roosevelt Road, Suite 2C, Lombard, IL 60148.

Immediate opportunities for primary care physicians at Ohio correctional facilities. Several locations in central and southern Ohio available. We will assist you in obtaining an Ohio license if needed. Malpractice coverage available. Contact in confidence Annashae Corp., (800) 245-2662.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Stoughton, Wisconsin: Dean Medical Center, a 350-physician multispecialty group, is recruiting a BE/BC family physician for our Stoughton Clinic, located 20 miles south of Madison. Currently there are three internists, four family practice physicians, one pediatrician and one general surgeon at this clinic. Stoughton Hospital is a 50-bed facility adjoining the new medical office building. Stoughton (population 9,000) is growing, with excellent schools and neighborhoods. Guaranteed two-year salary, plus incentive and benefits, is offered for this position. Contact Scott Lindblom, Dean Medical Center, 1808 West Beltline Highway, Madison, WI 53715; work (800) 279-9966 or (608) 250-1550, home (608) 833-7985; fax (608) 250-1441.

Wisconsin: Monroe, a safe, family-centered community, is just one hour from Madison, Dubuque and Rockford and two hours from Milwaukee and Chicago. We are a 50-plus-physician multispecialty group practice with openings for BC/BE physicians in family practice, outpatient psychiatry, orthopedic surgery, dermatology and emergency medicine. We offer generous benefits, freedom from buy-ins and office management. Call schedules you can live with. New 114,000-square-foot clinic. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: gerontology, family medicine and internal medicine. Prefer board-certified. Positions are available full time and part time. Competitive salary. Please mail CV to Larry Kaskel, MD, Home Physicians Inc., 1735 N. Ashland, Suite 301, Chicago, IL 60622; phone (312) 292-4800 or fax (312) 384-7053.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and saving plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

PGY-II position available in an innovative family practice residency program with rural training option. Two-hundred-fifty-bed tertiary care hospital, 4/4/4 program, strong outpatient experience. Contact Carle Foundation Family Practice Residency, David L. Whitehill, MD, director, (217) 383-3302.

Physicians: All specialties, residents welcome. Flexible full-/part-time MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp., (800) 245-2662.

Illinois, Wisconsin, Michigan, Iowa, Minnesota, New York. Progressive and growing group practices, including major multispecialty groups, staff model HMOs, traditional primary care clinics and an integrated health system, seek additional physicians. Choose from a variety of desirable metropolitan and suburban cities, college and resort towns, and rural destinations. This month, opportunities available for physicians specializing in family practice, urgent care, internal medicine, pediatrics, neurological surgery, hematology/oncology and nephrology. Call (800) 243-4353 or write to Strelcheck & Associates, 10624 North Port Washington Road, Mequon, WI 53092.

TIME FOR A MOVE? IM (general), FP, PEDS

OUR PROMISE

We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country . . .

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



The
Curare
Group, Inc.

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Situations Wanted

University-trained, board-certified female pediatrician available for HMO, PPO or any managed care. Please send replies to Box 2271, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.



ASSOCIATE PROGRAM DIRECTOR/ SECTION CHIEF INTERNAL MEDICINE

The premier and largest community teaching hospital in Illinois seeks an **ASSOCIATE PROGRAM DIRECTOR/SECTION CHIEF OF INTERNAL MEDICINE**. We currently have 45 Internal Medicine candidates.

Viable candidates should be published and must possess formal training in Internal Medicine, Board Certification in Internal Medicine and preferably 1+ years faculty experience at a university hospital. There is a strong need for primary care emphasis in this training program. Physicians completing a fellowship will also be considered.



To find out more in detail send or FAX 708/990-5025 your curriculum vitae or call: 1-800-376-2662, LuAnn Victory Bunch, Director of Physician Recruitment, Advocate Health Care, 2025 Windsor Drive, Oak Brook, IL 60521.

Health Care With A Whole New Attitude.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300 winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Beautiful, 1,100-square-foot office space with 500-square-foot basement in Zion for rent. Call (708) 872-5965.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours - days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Miscellaneous

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop an advertisement strategy to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters, investor reports and patient handouts. Our services are cost-effective, and we provide an initial consultation at no cost. Call Target Market Communications Inc. at (708) 747-7701.

Transcription service: 8.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Issues in Primary Care Conference, Friday, Sept. 15, through Saturday, Sept. 16, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Incorporate your practice: ISI Inc. can incorporate your practice for only \$100 plus state fees. No lawyer fees. Expedited service available. Call for a free brochure (312) 595-9848 to learn more about the benefits of becoming a corporation.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.



Interested? Address your inquiries to:
Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.
Or call 312.808.4551, or fax 312.842.2496.

Humana®
Health Care Plans



John McNulty

THE ISMS Medical Student Section elected its 1995-96 officers during the Society's Annual Meeting in Oak Brook. They are (left to right) Rod Serry, vice-chairman, of Oak Brook, who attends Rush Medical College in Chicago; Kerry Drain, secretary-editor, of Chicago, who attends Northwestern University Medical School in Chicago; Sally Niermann, alternate-delegate, of Springfield, who attends Southern Illinois University Medical School in Springfield; and Balu Natarajan, chairman, of Chicago, who attends Northwestern University Medical School. Not pictured is Michelle Tansey, delegate, of Oak Brook, who attends the Loyola University Stritch School of Medicine in Maywood.

The Verdict Could Wipe You Out!



Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly one-half (47%) were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (**APT**) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an **APT** and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

**USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF**





Dr. Traugott

Any willing provider

(Continued from page 1)

more and more patient care is being delivered under contracts — contracts that encourage patients to use particular doctors and hospitals. That trend is worrisome because patients could be shifted from their physician's practice, and they could lose the rapport they had developed with that doctor, Dr. Traugott explained. "These contracts trouble patients who often experience either the absolute inability to access their existing sources of care or the inability to do so without substantial economic penalty."

Some limitations on patient choice are

probably inevitable in today's marketplace, said Dr. Traugott, who is an active physician member of an HMO. But, regrettably, patients are losing the ability to choose physicians who are willing to cooperate in a managed care environment, he stressed. "We are well aware of the financial incentives patients face, and most of us are more than willing to meet the contractual requirements that will enable us to continue serving our patients."

Many physicians, especially those who have built their practices in a fee-for-service marketplace, are fearful of managed care organizations' ability to exclude them, Dr. Traugott explained. "A quality practice that is responsive to patient

needs and has been established over many years can be destroyed by the stroke of a pen and not by poor medical care." For example, doctors could lose significant numbers of patients if they were terminated from a plan because a managed care entity decided it had enough internists, dermatologists or other physician specialists, not because they lost their patients' trust or made poor business decisions, he said.

Physicians often view such decisions as completely unreasonable, Dr. Traugott said. They question why they were dropped, what effort was made to investigate the quality of care they delivered and what recourse they have. "No amount of bottom-line justification will satisfy these questions."

Dr. Traugott also noted the benefits that are likely to arise from the implementation of any-willing-provider laws, such as cooperation, partnership and information sharing.

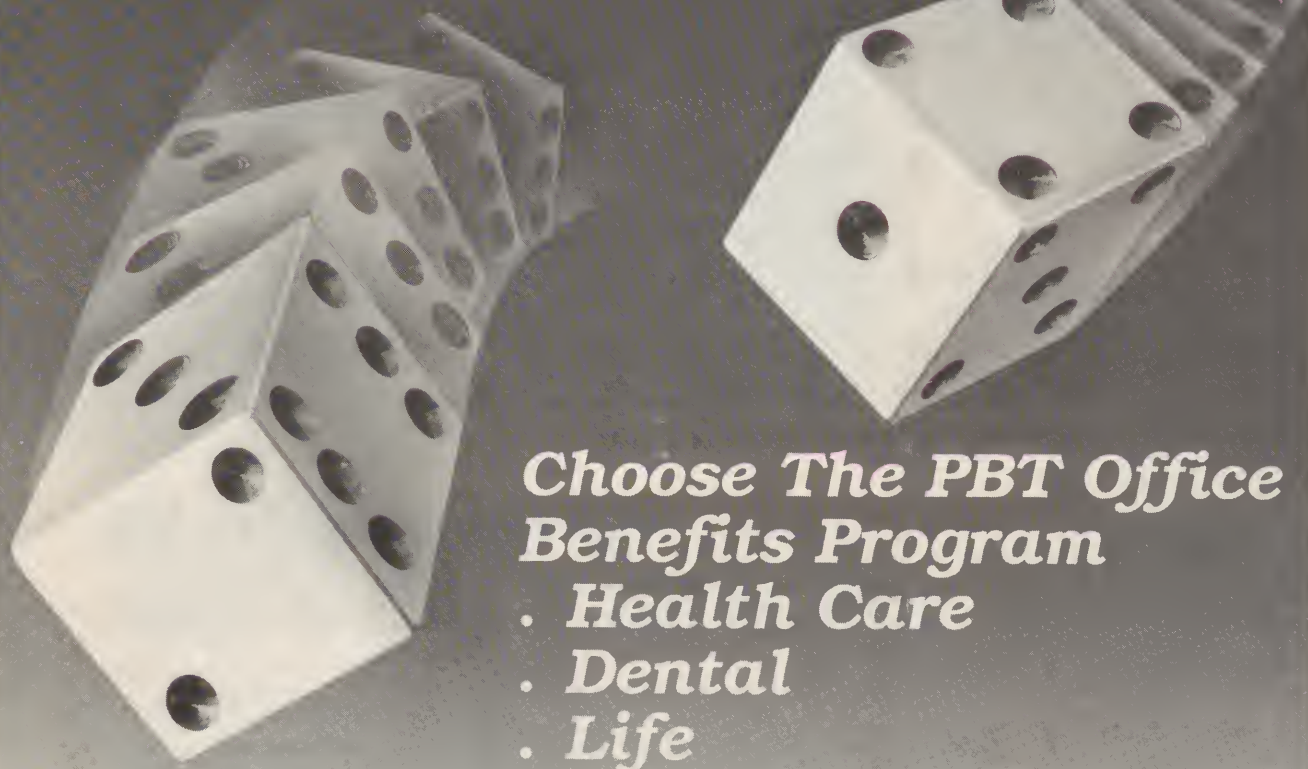
BUT INSURERS BELIEVE any-willing-provider laws are not responsive to today's market, said Alphonso O'Neil-White, vice president and general counsel of legal affairs for the Group Health Association of America. Managed care organizations should not have to feel compelled to accept physicians just because those doctors are considered highly valuable, O'Neil-White noted. HMOs were created in the 1930s to help alleviate patients' disenchantment with escalating costs associated with fee-for-service insurance, he said. "Patients created this alternative to fee-for-service plans, [so] let's not compromise that. This way of delivering health care made sense 50 years ago, and it still makes sense today."

The Federal Trade Commission has urged legislators nationwide to oppose any-willing-provider laws because they are anti-competitive and do not serve the public interest, O'Neil-White said. In addition, he cited statistics showing that patients in fee-for-service plans lack physician choice and that administrative costs associated with those plans can be expected to increase between 50 percent and 127 percent. Those statistics, however, are not yet published, and the studies from which they are derived are still ongoing.

Although insurers and physicians may disagree about any-willing-provider laws, IAHO and ISMS do share some common concerns, said Dr. Traugott. "Our members face the daunting task of providing the same information on multiple sets of credentialing applications when applying to multiple health maintenance organizations."

Dr. Traugott also urged IAHO members to pursue more acceptable avenues for fostering patient choice and physician dialogue, which lead to higher-quality, more cost-efficient health care. ■

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program


- Health Care
- Dental
- Life

The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details

 (800) 621-0748

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by

Chicago Medical Society &
Illinois State Medical Society



PBT Physicians' Benefits Trust

Call ISMS for help

Through the ISMS Consultant Referral Service, member physicians can be matched with experienced health care consultants who can advise them on practice management topics and managed care issues. To access the service, members may call the ISMS action line at (800) MD-ASIST, Monday through Friday from 8:30 a.m. to 4:45 p.m. ■



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

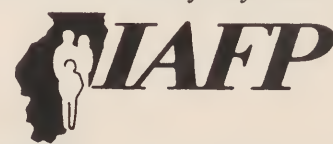
A PICOM policy comes with something you won't find on most other medical malpractice policies – a "consent to settle" provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“These days, any doctor can get **sued**. That’s why I chose ISMIE. Their high underwriting standards are my assurance that other policyholders are **insurable**. And that they’ll stay that way.”



No one is immune. With malpractice suits on the rise, you need an insurer that can provide you with the security of comprehensive liability protection. Namely, the Illinois State Medical Inter-Insurance Exchange. At ISMIE, physicians review professional liability history, risk of specialty, years in practice and other factors to provide solid coverage at the fairest possible premium. Our standards are high. But it’s our prudent underwriting practices and constant risk review that assure your coverage is sound. And that the other policyholders are as insurable as you are. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

06/19/95

*Advocacy
promotes
physicians' goals*

PAGE 3

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • SPECIAL EDITION • VOLUME 7, NUMBER 12 • JUNE 9, 1995

**ISMS fights
for physician
concerns in
workers' comp
struggle**

PAGE 4

ISMS builds on legislative foundation

Physicians win caps fight

The hard-fought battle for tort reform ended in victory for Illinois physicians and patients early this legislative session, when the General Assembly passed H.B. 20. The measure features a \$500,000 cap on noneconomic damage awards, indexed to inflation, for all civil lawsuits, including medical malpractice cases. Prompted by the Illinois Civil Justice League – a coalition of pro-tort reform groups that includes ISMS – the measure passed the General Assembly in the first few weeks of the session and was signed into law by Gov. Jim Edgar on March 9.

"Businesses will be able to put more of their dollars into job creation instead of protecting themselves against frivolous lawsuits and excessive awards," said Edgar, who has supported caps for many years. "We are preserving the right of individuals to seek compensation from those who may have wronged them." In addition, the law will ultimately enable more physicians and other health care providers to practice in underserved areas, he said.

The tort reform victory came after months of heated debate in the media. ISMS, which has lobbied intensely for tort reform legislation for 20 years, joined forces with the Civil Justice League and successfully dispelled the myths about caps that were perpetrated by plaintiff attorneys, anti-reform groups and anti-cap legislators. Securing passage of H.B. 20 was ISMS' top priority during the 1995 spring legislative session.

ISMS physician representatives played active roles throughout the debate. For example, they rebutted anti-cap arguments at a Jan. 16 press conference in the Chicago office of U.S. Rep. Luis Gutierrez (D-Chicago), spoke at Civil Justice League news conferences on Jan. 18 and Feb. 7, and testified at a Feb. 8 House Executive Committee hearing on caps. During the Feb. 7 news event, ISMS' Immediate-past President Alan Roman, MD, explained that the bill would address rising health care costs, as well as quality of care and access issues.

(Continued on page 4)



Alan Brunettin

Tort reform victory reflects decades-old commitment of Illinois physicians

This year's passage of H.B. 20, a comprehensive tort reform bill featuring a \$500,000 cap on noneconomic damage awards, indexed to inflation, in all civil lawsuits, including medical malpractice cases, marked the realization of a 20-year commitment by Illinois physicians. In 1975, '85 and again in '95, ISMS launched extensive campaigns to push for meaningful tort reform in Illinois. The cornerstone of those campaigns was the grassroots ISMS members who worked to convince legislators of the benefits for physicians and patients.

The fight for caps began in 1975 when Illinois experienced a medical liability insurance crisis. ISMS physician leaders called on members to tell patients and community leaders that medical care was seriously threatened by the professional liability climate. In addition, ISMS leaders voiced their concern about the situation to then-Gov. Dan Walker and offered solutions developed by the Society's Medical Legal Council and approved by the Board of Trustees. Those recommendations included limits on the size of jury awards, modified contingency fees, a workers' compensation-type mechanism for medical injury awards and a reasonable statute of limitations. They were crafted and distributed as an eight-point legislative initiative aimed at reforming the state's Civil Practice Act.

After receiving the governor's support, ISMS took its legislative proposal to the General Assembly. The Society's Task Force on Professional Liability established a malpractice crisis center in Springfield to coordinate activities promoting the passage of tort reform. Among other activities, the crisis center briefed some 400 physicians who visited the state Capitol on Rally Day and lobbied lawmakers to support the ISMS-backed legislation.

The General Assembly passed most of ISMS' tort reform proposals, including a change in the statute of limitations and a \$500,000 cap on all damage awards in medical malpractice cases. That cap was later struck down by the Illinois Supreme Court on the grounds that it impinged most heavily on those people who were the most severely injured. In some cases, those individuals could not fully recover for their economic loss, because the \$500,000 cap on damages applied to economic and noneconomic losses, said ISMS General Counsel Saul Morse. Severely injured plaintiffs would have been able to recover a maximum of \$500,000 for their economic and noneconomic losses, even if those combined losses exceeded that amount.

By 1985, ISMS and ISMIE were ready to engage in another legislative fight to gain additional reforms. Member physicians formed 82 action teams based at their hospitals and county medical societies. One physician who helped generate support for the 1985 professional liability initiative in his area was Erlo Roth, MD, a Hinsdale pathologist who now serves as ISMS 11th District trustee and president of the DuPage County Medical Society. "We had several bus-

(Continued on page 2)

67002 011 10071170



PROPERTY OF THE
**NATIONAL
LIBRARY OF
MEDICINE**

New state budget reduces hospital assessments

On May 25, Gov. Jim Edgar and state legislators agreed on a \$33 billion budget that includes an appropriation of \$7.25 billion for the Illinois Department of Public Aid for fiscal year 1996. The budget retains the tax on hospitals that helps fund Illinois' Medicaid program, but it cuts that assessment by one-third. The appropriation for physicians fared far better than that for most health care professionals.

The budget not only preserves the physician line appropriation but increases it by almost 5 percent, for a total of \$369.7 mil-

lion. That should be enough to pay physician bills and reduce the payment cycle, according to an ISMS analysis. The increase, combined with projected changes in enrollment and volume, should result in a projected payment cycle of 25.6 days by June 30, 1996. The current payment cycle is about 34 days.

IDPA will eliminate all adult optional services rendered by dentists, podiatrists, optometrists and chiropractors for a total reduction of \$34.4 million. As a result, the appropriation for optometrists fell almost 20 percent, for chiropractors, almost 4 percent, and for den-

tists, more than 40 percent, according to the ISMS analysis.

"[The hospital assessment] is still an important element of financing Medicaid," explained IDPA spokesperson Dean Schott. "It was part of the governor's original proposal to continue the program in the upcoming fiscal year. I think it's a measure of victory that two-thirds of the program will continue and help fund Medicaid."

"The tax rate went from 1.88 percent to 1.25 percent [of adjusted gross revenue], which means it will raise \$400 million instead of \$600 million," Schott said. In spite of the reduced

funding from assessments, the budget earmarks about \$60 million for institutions in Cook County and East St. Louis that serve predominantly public aid patients, softening the impact on Medicaid hospitals. General revenue funds will increase by \$2.7 million from current-year spending to help offset the \$265.9 million reduction in assessment fund payments, according to the ISMS analysis.

Although IDPA's total appropriation, including assessment fund payments, is decreasing slightly, fiscal '96 year-end bills on hand are expected to drop, the analysis said. By year-end, those bills are expected to total \$967 million – a \$449 million decrease in the backlog over two years and a reduction in the average payment cycle from 100-plus days to about 70 days.

The budget calls for elimination of the assessment program after two years. The assessment was originally scheduled to end this year.

In preparation for MediPlan Plus, the new Medicaid program, all enhanced rates for current recipients of the Healthy Moms/Healthy Kids program are budgeted to continue through fiscal year '96. However, no new recipients will be enrolled in Chicago after July 1, 1995. In addition, physicians will not receive the \$5-per-recipient-per-month case management fee, resulting in payment reductions of \$500,000 per month, the analysis said.

IDPA plans to make other changes as a result of the budget. The department will eliminate its interim assistance program, which will reduce payments to physicians and hospitals, as well as payment for drugs, for a total reduction of \$24.5 million, according to the analysis. IDPA will also cut all HMHK case management services for children age 1 and over, for a total reduction of \$26 million. ■



Several thousand Illinois physicians (above) demonstrate outside the state Capitol in May 1985 to urge lawmakers to pass ISMS-backed tort reform legislation. Alfred J. Clementi, MD (right), who served as chairman of the ISMS Board of Trustees during the '85 tort reform fight, speaks during the rally. After the bill was signed, then-ISMS President Morgan Meyer, MD (below), vows that physicians will continue to fight for additional reforms, namely a cap on noneconomic damages.

Tort reform victory

(Continued from page 1)

loads of doctors go down to Springfield and meet legislators. We talked their ears off." Before 1985, Dr. Roth had not been actively involved with ISMS. "That was when I got my first taste of [organized] medicine."

That kind of physician commitment helped propel ISMS' tort reform proposals, which included compensation for patients truly injured through negligence, a curb on abuses of the legal system and better information for juries to use in determining more-realistic awards.

Those proposals were intensely opposed during the spring 1985 legislative session. Illinois plaintiff attorneys used their clout with the Democratic majorities in the House and Senate to try to preserve the status quo. Given the opposition in both houses, the ISMS-supported tort reform legislation faced an uphill climb.

Illinois physicians accepted that challenge and mounted a massive effort to urge the legislature to pass the medical malpractice reform measures. They held meetings, wrote op-ed columns and letters to the editors of newspapers statewide, held press conferences and sponsored dinners with legislators. The most visible event was a May legislative rally. Several thousand

physicians gathered on the steps of the Capitol and inside the rotunda to lobby legislators.

Moments before the rally, House and Senate leaders reached a compromise agreement including all of ISMS' tort reform proposals except a cap on noneconomic damage awards and limitations on recovery for wrongful death. Then-Gov. James Thompson signed the measure into law on June 25, 1985.

Morgan Meyer, MD, a Lombard internist and ISMS president during the 1985 tort reform fight, said the Springfield rally and the ultimate success of the legislation were the realization of years of hard work. "[So many] speeches, letters, etcetera, went into this major effort, which allowed Illinois to once again be a leader in searching out remedies to these critical issues."

Despite ISMS' 1985 victory, one tort reform goal remained: caps. Physicians next set their sights on achieving limits on noneconomic damage awards and restoring stability to the civil justice system.

During elections from 1985 through 1994, physicians participated in IMPAC and worked on the campaigns of several pro-medicine candidates who ran for House and Senate seats. Finally, in fall 1994, Repub-

licans gained a majority in the legislature, creating the best opportunity in years for passage of caps.

As a member of the Illinois Civil Justice League – a coalition dedicated to achieving tort reform – ISMS promoted legislation that featured a \$500,000 cap on noneconomic damage awards, indexed to inflation, for all civil lawsuits, including medical malpractice cases. Physicians throughout the state participated in an intense media debate to garner public support for caps, correct misinformation from plaintiff attorneys and persuade lawmakers to support the bill.

The physician-supported measure passed, and Gov. Jim Edgar signed it into law on March 9. It was a victory 20 years in the making.

On the same day the bill was signed, a handful of plaintiff attorneys filed a challenge to H.B. 20, claiming it was unconstitutional in using taxpayer funds for implementation. The judge dismissed the challenge and indicated that further action should occur on a case-by-case basis.

Those additional legal challenges are sure to be filed by plaintiff attorneys, so physicians will have to remain vigilant in advocating for tort reform as the courts interpret Illinois' new law. ■



Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; (800) 782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second-class postage paid at Chicago, IL, and at additional mailing offices. Printed in the USA.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Advocacy promotes physicians' goals

ISMS works continually to inform lawmakers and the public about the physician and patient concerns related to proposed legislation. Striving to achieve the legislative goals of its members through implementation of House of Delegates policy, the Society advocates on issues ranging from caps to workers' compensation. Most issues are works in progress, requiring time and consistent effort to be built into successes.

The case of caps is an example. Since 1975, ISMS has worked intensively for tort reform that includes a limit on noneconomic damages. Two decades of lobbying and grassroots campaigns finally culminated in a tort reform victory this session.

Also during the 1995 spring session, ISMS focused advocacy efforts on bills dealing with parental notification, physician partici-



pation in executions, expanded scope of practice of optometrists and other allied health professionals and a single-payer health care system. The Society also lobbied hard this session to ensure physician and patient concerns were addressed in proposals to reform the state's workers' compensation system.

Sometimes member advocacy requires ISMS to oppose portions of bills or entire bills that would compromise physicians or patients. This session, several bills dealt with parental notification or consent when girls under 18 seek abortions. For example, in legislation sponsored by Sen. Kirk Dillard (R-Downers Grove), the Society opposed the bill's penalty provisions. The measure mandated civil penalties of \$1,000 for the first offense and \$5,000 for subsequent offenses for physicians who failed to notify the minor's parents or legal guardians. In addition, the measure allowed the attorney general or state's attorney to pursue court action against physicians. The Society expressed concern about this double layer of penalties – especially when imposed outside of the current medical disciplinary process.

ISMS achieved a compromise in the parental notification bill sponsored by Reps. Ann Hughes (R-McHenry) and Terry Parke (R-Schaumburg). The final measure calls for the Illinois Department of Professional Regulation's Medical Disciplinary Board to levy fines against noncompliant physicians.

On June 1, Gov. Jim Edgar signed the Hughes-Parke bill and vetoed the Dillard measure. The new law will not be immediately implemented, however, because of a lawsuit filed by the American Civil Liberties Union.

A MULTIFACETED and perennial issue ISMS tackled again this session was the expanded scope of practice of allied health practitioners. Although an optometric scope of practice bill passed despite hard work by the Society and the Illinois Association of Ophthalmology, other similar bills were defeated. For instance, a bill sponsored by Rep. Mary Flowers (D-Chicago), which would have granted lay midwives the authority to practice in Illinois, stalled in House committee. The Society successfully advocated its position that only licensed nurses should be able to care for patients under a physician's supervision. Similar measures have been introduced for the past several years but have been defeated.

ISMS' opposition also influenced the fate of bills crafted to expand privileges for clinical psychologists. A bill sponsored by Sen. John Cullerton (D-Chicago) would have allowed licensed clinical psychologists to obtain hospital privileges, including the ability to admit, treat and discharge patients. It stalled in Senate committee. A similar measure in the House would have made clinical psychologists eligible for possible hospital medical staff membership positions. That bill, too, failed to advance.

The Society's advocacy efforts addressed physician participation in executions as well. During a March 9 Senate Judiciary Committee hearing, ISMS representatives expressed the Society's position that physicians should not participate in legally authorized executions and that active participation violates the ethical standards of medicine.

A bill sponsored by Rep. Tom Cross (R-Yorkville) exempts physicians from disciplinary action if they take part in executions. Even after the bill advanced and was signed by Edgar, ISMS continued to promote a bill that would have nullified the law by banning physi-

Battle waged against expanded optometric scope of practice

ISMS and the Illinois Association of Ophthalmology waged an all-out war against a bill that allows Illinois optometrists to prescribe and administer therapeutic drugs. Sponsored by Rep. William Black (R-Danville) and Sen. Frank Watson (R-Carlyle), the bill passed the Senate and House and awaits Gov. Jim Edgar's action.

As part of ISMS' campaign, the Society provided information to legislators, sent an all-member call to action and activated its grassroots key contact program to notify lawmakers that the bill would compromise the delivery of high-quality patient care. ISMS and IAO stressed that optometrists receive little clinical experience in optometry school and lack the extensive medical training ophthalmologists receive.

Ophthalmologists not only attend four years of medical school but also complete an internship and a residency, during which they see as many patients in two weeks as optometrists see in four years, said Ron Simone, MD, an ophthalmologist in Geneva.

"ISMS took a strong

stand on this issue. We did not want the legislature to grant MD/DO credentials through legislation to those practitioners who are less educated than physicians," said ISMS President Raymond E. Hoffmann, MD. "We must not let those who have lower standards or a lesser scope of training have equal access to patients."

The bill allows optometrists to perform any nonsurgical procedure taught in optometry schools. It also permits optometrists to treat medical diseases of the eye, including glaucoma, infections and inflammations, said Bernard Gawne, MD, an ophthalmologist in Aurora. The legislation is not in patients' best interest because they don't readily understand the difference between ophthalmologists and optometrists, he added. "It will cause a lot of confusion in the public sector."

"It's a real serious problem," said Dr. Simone. The bill is a stepping-stone for optometrists to practice medicine, and people deserve to receive the best medical care for their eyes, he explained. "It's not fair to the people who don't rec-

ognize the differences in training and education [between] ophthalmologists and optometrists."

The bill's proponents claimed expanding optometrists' scope of practice would increase access to eye care throughout Illinois. But ISMS' communication to legislators refuted that claim, noting that two-thirds of the state's optometrists practice in the Chicago metropolitan area and that 20 percent of Illinois counties lack diagnostic optometrists. In addition, the bill did not guarantee that underserved areas would ever benefit or that health care costs would decrease, the Society asserted.

If the bill is signed into law, Illinois will become the 45th state to allow optometrists to perform such functions as prescribing and administering therapeutic drugs.

This year was not the first time ISMS lobbied hard against bills expanding the scope of practice in optometry. Similar legislation has been introduced and defeated for the last seven years. ■

cian participation in state-ordered executions. However, that measure, sponsored by Sen. Arthur Berman (D-Chicago), stalled.

ISMS also prompted a bill allowing funds from unredeemed ISMIE Guaranty Fund Certificates to be donated to free medical clinics instead of being placed in the state treasury. The measure, sponsored by Rep. Dave Winters (R-Rockford) and Sen. Dave Syverson (R-Rockford), awaits action by the governor.

An ISMS-prompted bill on violent injury reporting passed the General Assembly and awaits action by the governor. Sponsored by Rep. Carolyn Krause (R-Mt. Prospect) and Sen. Robert Raica (R-LaGrange), the measure requires hospitals and other facilities to report to the Illinois Department of Public Health any injury allegedly caused by a violent act. The measure reflects ISMS House of Delegates policy on violence prevention, which calls for such confidential data-gathering.

A bill that passed the legislature on May 25 contains two ISMS-backed amendments that partially reflect House of Delegates policies on named reporting of individuals with HIV and on appropriate isolation of noncompliant tuberculosis patients. The bill was sponsored by Rep. Anne Zickus (R-Palos Hills) and Sen. Kathleen Parker (R-Northfield).

The first amendment requires that all instances of medical conditions or diseases, including HIV, be kept confidential in reports to IDPH. In addition, the amendment prohibits disclosure of the name of the individual who did the reporting. The second amendment authorizes IDPH to isolate people who have certain infectious diseases, such as tuberculosis, with those individuals' consent or a court order. This amendment encompasses Society policy calling for IDPH regulations to mandate isolation and directly observed therapy for noncompliant and infectious TB patients. ■

Physicians win caps

(Continued from page 1)

Such elements are critical to reducing lawsuits and ensuring that truly injured victims are fairly compensated, he said.

Many legislators agreed. "Millions of Illinoisans were represented in the drafting of this bill," said Sen. Kirk Dillard (R-Downers Grove), one of H.B. 20's sponsors. "Yes, doctors support this legislation so they can go back to concentrating on health care, not unwarranted litigation."

"A \$500,000 cap will reduce premiums for physicians, reduce health care costs and provide better patient access to physicians in rural and nonrural areas," said Rep. Tom Cross (R-Yorkville), chairman of the House Judiciary Committee and an H.B. 20 sponsor. Placing a cap on noneconomic damage awards will not infringe on injured victims' rights to compensation, he added.

Led by the plaintiff bar, opponents tried to derail the legislation in the General Assembly. Anti-cap legislators, including Reps. Jan Schakowsky (D-Evanston), Louis Lang (D-Skokie), Jay Hoffman (D-Collinsville), Doug Scott (D-Rockford) and Kurt Granberg (D-Carlyle), called the bill unfair and inequitable. "This is about big business, this is about big medicine, this is about big money, and everybody here should know it," Hoffman alleged during a debate on the House floor. Sixteen Democratic senators testified against the measure when it was debated in the Senate chamber. Their testimony was countered by the bill's sponsors and other supporters.

After the bill was passed and signed, Civil Justice League President Ed Murnane praised ISMS and other league members for convincing lawmakers that all Illinoisans — from physicians to farmers — should not have to face uncertainty because of increasing insurance costs and liability threats. "I think it's important for everyone to understand that this is the most comprehensive legislation to pass in the United States," he said.

The passage of tort reform also reflected organized medicine's successful efforts to achieve a medical majority in the Illinois General Assembly. IMPAC, the Society's political action arm, played a major role in helping tort reform supporters win key House races against 12 incumbents in the 1994 general election. With pro-cap legislators gaining control of the Illinois House and winning key Senate races, tort reform legislation had its best chance of passing in years.

"The passage of H.B. 20 is a vivid testimonial to the collective strength of organized medicine," Dr. Roman said. "The calls, letters and visits by our physician members were cited by several [legislators] as being instrumental in shaping their opinion."

Although tort reform supporters won the fight to enact meaningful changes to the state's civil justice system, Illinois plaintiff attorneys have pledged to continue their assault on the new law. Several attorneys filed a legal challenge March 9 just hours after the bill was signed. The suit was filed on behalf of five Illinois taxpayers, alleging that the use of taxpayer funds to implement the statute was unconstitutional. On May 17, a Cook County Circuit Court judge denied with prejudice and dismissed their amended petition for leave to file the taxpayer suit.

"The ruling is encouraging in that it closed off the first avenue of challenge pursued by lawsuit reform's opponents," said ISMS President Raymond E. Hoffmann, MD. "We continue to expect that lawsuit reform issues will ultimately be ruled upon by the Illinois Supreme Court, and we remain confident that those issues will be decided in favor of patients, physicians and the Illinois economy as a whole." ■



Gov. Jim Edgar signs H.B. 20 as tort reform supporters, including ISMS President Raymond E. Hoffmann, MD (fourth from left), watch.

Ron Ackerman

ISMS fights for physician, patient concerns in workers' comp struggle

Pressed by an end-of-May deadline to adjourn, Illinois lawmakers were unable to pass legislation aimed at revamping the workers' compensation system. The attempt to achieve such legislation revolved around the business community's efforts to cut costs in workers' comp and ISMS' efforts to stave off changes in the system that could jeopardize quality of care for injured workers.

Intense negotiations were carried out during the last six weeks of the session. Although a compromise bill had passed the Senate, a measure was not called for a vote in the House. "[This was such] an immensely complicated issue, we couldn't address all the concerns of the medical, business, legal and labor interests," said House Speaker Lee Daniels (R-Addison). "There wasn't enough time to address all the issues."

There was not any one reason a bill did not emerge from the General Assembly, said Sen. Martin Butler (R-Des Plaines). Instead, the lack of a successful bill reflects the fact that so many changes were still needed, he said. In addition, achieving workers' comp legislation was an important part of the GOP agenda for business reform, Butler noted.

Rep. Terry Parke (R-Schaumburg) said he is disappointed that a bill did not pass this session. He called a proposal hammered out in negotiations "solid" and said it "would have saved the business community money." However, the compromise did not satisfy all interests, especially business and labor.

Many Downstate legislators were contacted by construction and trade union members who urged them to vote against the proposal if it developed into a bill, Parke said. And unions and trial lawyers were unhappy with the negotiation process and their lack of input and used scare tactics to try to influence legislators, Butler said.

In addition, portions of the business community, especially large manufacturers, did not embrace the entire package, Parke said. They were not totally committed to the compromise and did not appear as enthusiastic as they should have been, he noted. "So, why should [legislators] support it?"

Throughout the negotiations, ISMS representatives fought hard to ensure physician and patient concerns were addressed by eliminating several onerous provisions sought by the business community. The Society's

main concerns were the aggressive use of managed care, patient choice of the first treating physician, imposition of a fee schedule and a total ban on balance billing.

The business community wanted the workers' comp system to include such managed care and cost-containment elements as utilization review, treatment parameters and PPOs. But ISMS fought successfully to keep them out because managed care is designed for healthy patients, with an emphasis on wellness and disease prevention, not on the highly specialized needs of injured workers.

The second issue in the business community proposal was extremely limited patient choice of physician. "We want patients

are determined today.

ISMS also fought to ensure that insurers would pay physicians directly and promptly for medical services rendered to injured workers. Currently, providers may seek payment from insurers and patients but often must wait for payment until claims are adjudicated, which can be more than two years.

The Society-driven compromise called for at least 80 percent of a physician's fees to be paid within 90 days if billing was itemized and accompanied by records. Otherwise, an interest penalty of 10 percent per year would have been assessed by the Illinois Industrial Commission. Following adjudication of any disputed claim, the remaining 20 percent of the



to choose their physicians to ensure that they receive the best and appropriate care," said ISMS President Raymond E. Hoffmann, MD, a general surgeon in Rockford. Dr. Hoffmann argued against businesses' claim that limiting the choice of the primary physician controls medical costs. "In this area, there is no substantiated evidence linking restrictions on physician choice and cost savings." He explained further that current law allows employees first and second choice of physicians and all referrals after first aid and emergency treatment. Business groups began negotiations by demanding that employers choose the injured employee's health providers, a position to which ISMS strenuously objected. The compromise granted employees first choice of physician and referrals from that doctor but gave the second choice to employers.

Another issue was the implementation of a medical fee schedule. ISMS succeeded in completely preventing this provision. However, the compromise position enabled employers to pay usual and customary fees unless a physician or other health care provider contracted for specific fees. Fees would have been determined by considering the cost of similar services provided in that geographic area and would have been updated annually. This is essentially the manner in which fees

fee would have been authorized for payment.

The business community wanted to totally ban balance billing. But the provision did not make it into the final compromise due to ISMS objections. The compromise allowed physicians to pursue directly with patients any balance on the bill over and above the insurer-authorized usual and customary amount. This balance billing provision applied to all claims, whether disputed or not. However, for disputed claims, physicians would have been barred from balance billing until final settlements were reached. Upon final settlements, fees would have been paid directly to physicians.

The business community also wanted to limit compensation for disability benefits for those patients whose conditions could not be supported by objective medical evidence. ISMS succeeded in removing this provision because it would have restricted patients with pain-related problems from receiving benefits.

After the most problematic provisions of the draft were eliminated or tempered, the Society took a neutral position on the compromise. "ISMS believes that the best agreement was accorded given the circumstances at the time of the negotiations," said ISMS Board Chairman Ronald G. Welch, MD. ■

Tort reform law provides more than a cap

Although the \$500,000 cap on noneconomic damages is the cornerstone of the tort reform legislation passed this year, it isn't the only provision important to physicians. The following summary offers a before-and-after look at medical liability issues affected by H.B. 20.

Issue: The Petrillo doctrine

Before: Physicians and defense attorneys could not communicate without the plaintiff's express consent or outside the presence of a plaintiff's attorney. Plaintiff attorneys, however, could engage in off-the-record ex-parte communication with treating physicians. In some cases, attorneys defended physicians with whom they could not talk.

Now: Within 28 days of requests, plaintiff attorneys must provide written consent authorizing the release of their clients' medical records. If those attorneys do not cooperate, defendants can seek a court order to obtain the records or have the case dismissed. In addition, defense attorneys may speak freely with the physicians they defend.

Issue: Expert witness qualifications

Before: Plaintiffs could call "experts" from specialties other than that of the defendant to testify in medical malpractice cases. For example, a neurologist could testify against an anesthesiologist.

Now: Expert witnesses must spend at least 75 percent of their time practicing, teaching or conducting university-based research. They must also be board-certified or board-eligible in the same medical specialty as the defendant physician or have experience or certification in the medical problem or type of treatment at issue. In addition, they must be licensed in one of the 50 states or the District of Columbia.

Issue: Affidavit of merit

Before: Plaintiffs were required to attach to lawsuits an affidavit and a report detailing valid reasons for filing the suits, as well as a certificate from a reviewing physician attesting to the merit of the action. But the law did not require inclusion of the names of physician reviewers. Consequently, defense attorneys did not know whether reviewing physicians were qualified in the area of medicine in question.

Now: Plaintiffs must provide the name and address of the physician or other health care professional who reviews a case and certifies its merit. Defense attorneys are now able to challenge certificates of merit if a physician is not considered knowledgeable. That means they can ultimately challenge the accuracy of the physician's report and the merit of the case.

Issue: Voluntary dismissal and refiling of cases

Before: Plaintiff attorneys could stall cases by voluntarily dis-

missing suits and refiling them within one year, even if the statute of limitations had expired. This tactic enabled plaintiff attorneys to try to improve their chance of victory by learning the identity of defense witnesses and then finding new expert witnesses.

Now: If plaintiffs want to dismiss a case and refile it, they must do so within the statute of limitations. In Illinois, that is two years from the date of injury or four years from discovery. Children have up to eight years to file suit.

Issue: Vicarious liability

Before: Hospitals were often found liable for the actions of physicians who worked there as independent contractors.

Now: Hospitals are not responsible for actions taken by doctors whom they did not directly hire, and physicians are not responsible for the actions of referred or substitute physicians.

Issue: Double recovery

Before: After an alleged injury, a plaintiff could file suit, and if the suit was settled or resulted in an award, the plaintiff's relatives could file a second lawsuit for the same injuries.

Now: After the death of a plaintiff, a second lawsuit cannot be filed for the same injuries as those at issue in an earlier suit that was settled or resulted in an award.

Issue: Joint and several liability

Before: Plaintiffs were some-

times motivated to recover large awards from the deep-pocket defendants in lawsuits. Because all defendants were jointly liable for 100 percent of awards, the deep-pocket defendants could end up paying for more than their share.

Now: Joint liability is abolished, leaving defendants liable to pay only the portion of the award that corresponds to their level of fault. ■

Legislators who signed on to tort reform

By enacting H.B. 20, the executive and legislative branches of Illinois government helped improve the state's medical liability climate. Gov. Jim Edgar signed the bill on March 9, and the following state representatives and senators sponsored the measure:

House Speaker Lee Daniels (R-Addison)
Rep. Judy Biggert (R-Westmont)
Majority Leader Robert Churchill (R-Antioch)
Rep. Tom Cross (R-Yorkville)
Rep. Brent Hassert (R-Lemont)
Deputy Majority Leader Tom Ryder (R-Jerseyville)
Rep. Ron Stephens (R-O'Fallon)
Senate President Pate Philip (R-Wood Dale)
Sen. David Barkhausen (R-Lake Bluff)
Sen. Martin Butler (R-Des Plaines)
Sen. Dan Cronin (R-Elmhurst)
Sen. Kirk Dillard (R-Downers Grove)
Sen. Peter Fitzgerald (R-Palatine)

Physicians see benefits in cap



K.C. Keefer

"The cap will hopefully provide better incentives for more obstetricians/gynecologists in the rural areas of the state. At the same time, it should get rid of disincentives for physicians who are willing to take risks in developing new procedures and treatments."

William Kobler, MD
Family physician
Rockford



Wm. Daniels

"It will definitely help lessen our liability exposure, which will ultimately cut costs in medical malpractice cases. And this will eventually lead to cuts in health care costs."

Randall Ostroff, MD
Anesthesiologist
Berwyn



Mychael Wozniak

"The \$500,000 cap is good for the economy in general. It's not just a medical malpractice issue. Illinois would not be able to compete with other states that have already enacted a cap because it would lose a lot of [its] industry."

Edward Pienkos, MD
General surgeon
Carbondale



Marge Dickson

"It will decrease the cost and hopefully end the large number of frivolous lawsuits. Our grassroots efforts really paid off, and maybe next time we [can] get a little closer at the federal level."

Laxman Iyer, MD
Internal medicine
Dixon

1995 ISMS legislative highlights

– Failed + Passed ✓ Supported x Opposed 0 Did not oppose * Signed by governor

Sponsors	Summary	Outcome	ISMS position
Rep. Lee Daniels (R-Addison) Sen. Kirk Dillard (R-Downers Grove)	Tort reform – Imposes a \$500,000 cap on noneconomic damages, indexed to inflation, and provides other procedural reforms.*	+	✓
Sen. Frank Watson (R-Carlyle) Rep. William Black (R-Danville)	Optometrist scope of practice – Permits optometrists to prescribe and administer therapeutic drugs.	+	x
Rep. David Leitch (R-Peoria) Sen. Carl Hawkinson (R-Galesburg)	Indigent care – Eliminates liability for physicians who treat patients referred from a free clinic.	+	✓
Sen. Donne Trotter (D-Chicago)	Medical Disciplinary Board – Increased physician license and renewal fees from \$300 to \$500.	–	x
Rep. David Winters (R-Rockford) Sen. Dave Syverson (R-Rockford)	Guaranty fund – Allows funds from unredeemed ISMIE Guaranty Fund Certificates to be donated to free clinics.	+	✓
Rep. Terry Parke (R-Schaumburg) Rep. Ann Hughes (R-McHenry)	Parental notification – Requires physicians to inform an adult family member if a minor seeks an abortion. Allows Medical Disciplinary Board to impose fines against noncompliant physicians.*	+	0
Sen. Dillard	Required physicians to inform the parent of a minor seeking an abortion. Provided for civil and criminal penalties against noncompliant physicians.	+	x
Sen. Edward Petka (R-Plainfield)	Required physicians to obtain consent from the parent of a minor seeking an abortion. Called for civil and criminal penalties against noncompliant physicians.	–	x
Rep. Mary Flowers (D-Chicago)	Midwife licensing – Established licensure for lay midwives.	–	x
Rep. Daniel Burke (D-Chicago)	Acupuncturist scope of practice – Established licensure for acupuncturists without requiring physician supervision.	–	x
Sen. John Cullerton (D-Chicago)	Psychologist scope of practice – Enabled clinical psychologists to obtain hospital privileges, including the ability to admit, treat and discharge patients.	–	x
Rep. Skip Saviano (R-River Grove) Rep. Gary Hannig (D-Gillespie)	Enabled clinical psychologists to obtain hospital privileges and medical staff membership.	–	x
Rep. Saviano	Tattoo artist licensing – Licensed and regulated tattoo artists by establishing sterilization requirements for use of needles.	–	✓
Sen. Todd Sieben (R-Geneseo)	Hypnotherapy licensing – Established licensure and educational requirements for hypnotherapists.	–	x
Sen. Dillard	HMOs and chiropractors – Defined chiropractors as primary care providers in HMOs.	–	x
Sen. Chris Lauzen (R-Geneva)	Required HMOs to provide chiropractic services on referral but allowed HMO medical directors to determine the number of chiropractors.	–	x
Rep. Carolyn Krause (R-Mt. Prospect) Sen. Robert Raica (R-LaGrange)	Hospital violent injury reports – Requires hospitals to report to the Illinois Department of Public Health any injury allegedly caused by a violent act.	+	✓
Sen. Karen Hasara (R-Springfield) Rep. Tom Ryder (R-Jerseyville)	Psychotropic medication – Allows guardians to administer psychotropic medications to nonobjecting individuals without resorting to court action.*	+	✓
Rep. David Phelps (D-Harrisburg) Sen. Miguel del Valle (D-Chicago)	Birthing centers – Established 10 freestanding birthing centers statewide that did not conform to guidelines of the American College of Obstetricians and Gynecologists.	–	x
Rep. Rod Blagojevich (D-Chicago)	Prejudgment interest – Required 9-percent annual interest payments to be applied to judgments in liability lawsuits from the time a complaint was filed instead of from the date judgment was entered.	–	x
Rep. Carol Ronen (D-Chicago)	Medicare assignment – Required physicians to notify patients if they did not accept Medicare's assigned charges.	–	x
Rep. Judy Erwin (D-Chicago)	Motorcycle helmets – Required all motorcycle operators and passengers to wear helmets.	–	✓
Sen. Cullerton	Same as above.	–	✓
Rep. Krause Sen. Robert Madigan (R-Lincoln)	Medical education funding – Creates a primary care medical education advisory committee with wide representation from organizations.	+	✓
Rep. Krause	Doctors' tax credit – Created a \$5,000 tax credit for certain physicians who started working as full-time faculty members of a primary care medical education program.	–	✓
Rep. Jan Schakowsky (D-Evanston)	Single-payer system – Established a universal health care system in Illinois by Jan. 1, 1998.	–	x
Sen. Margaret Smith (D-Chicago)	Same as above.	–	x
Rep. Phelps	Rural doctor pools – Established a pool of temporary health care professionals to fill in for physicians, physician assistants, pharmacists and advanced nurse practitioners.	–	x
Sen. Arthur Berman (D-Chicago)	Physician participation in executions – Banned physician participation in state-ordered executions.	–	✓
Sen. Peter Fitzgerald (R-Palatine) Rep. Ryder	Limited liability – Allows physicians to practice medicine under a partnership agreement as a limited-liability partnership or in a limited-liability company.	+	✓

CHIN board OKs agreement with vendor

PAGE 2

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • JUNE 16 1995

Coalition
strives to
prevent
childhood
injuries

PAGE 2

Healthy Moms/Healthy Kids to be phased out

CHANGES: Case management fees are out, but enhanced payment rates remain. BY MARY NOLAN

[SPRINGFIELD] In preparation for the implementation of MediPlan Plus – the state's Medicaid reform plan – the Illinois Department of Public Aid is phasing out its Healthy Moms/Healthy Kids program in Chicago. That means Chicago doctors participating in the program will not receive the \$5-per-month-per-recipient case management fee for new HMKH Medicaid patients they begin treating after June 30. However, they will continue to receive enhanced rates and expedited payments for patients they are currently treating in the HMKH program, said IDPA spokesperson Dean Schott.

HMKH has not lived up to the department's expectations, even though it has continually provided case management services for children up to age six, Schott said. "It has not served as many people as we had hoped it would."

HMKH was proposed by Gov. Jim Edgar in 1992 to improve

access to health care for low-income children up to the age of 21 and pregnant women in Illinois. The program aimed to help them develop an ongoing relationship with a physician.

Phasing out the program must be done in such a way that "clients and providers are best served," said George Hovanec, administrator for IDPA's Division of Medical Programs, in a letter to all HMKH providers. HMKH operates under a federal waiver that enables IDPA to enroll recipients with a specific provider, but that waiver expires June 30, Hovanec said. Therefore, beginning July 1, enrollment of all new HMKH Medicaid recipients in Chicago will cease, except for children in foster care who are under the guardianship of the Department of Children and Family Services.

"Clients will no longer be referred to client education representatives when they go to the local public aid office to apply

(Continued on page 10)

INSIDE

Alliance presents
new legislative
award



PAGE 3

DEPARTMENTS

News Briefs.....2

Commentary4

IDPR
Disciplines6

ISMIE Update.....7

Classifieds8

Obituaries10



Steve Stout

PARTICIPATING in a May 17 groundbreaking ceremony for the Will County Health Department's new clinic are Daniel Gutierrez, MD (left to right); Patricia Langehennig, MD; Stanley Rousonelos, MD; and Robert J. Kramer, MD. The new clinic will expand access to health care for indigent Joliet residents.

Child support legislation affects physicians

DISCIPLINE: Medical licenses can now be suspended or revoked if physicians fail to pay child support. BY MARY NOLAN

[SPRINGFIELD] A lesser-known provision in the comprehensive welfare reform bill Gov. Jim Edgar signed into law on March 6 could have serious consequences for physicians. Specifically, the provision enables the Illinois Department of Professional Regulation to suspend, revoke or refuse to renew the licenses of physicians, attorneys or other professionals who are registered with the state and who are more than 30 days late in paying child support.

The provision strengthens the previous law aimed at professionals who failed to make child support payments, said Dean Schott, a spokesperson for the Illinois Department of Public Aid. "That law allowed physicians to be disciplined by not having their licenses renewed." But the new law mandates that IDPA notify IDPR immediately

about any professional who fails to pay child support, Schott explained. In turn, IDPR will determine whether to suspend, revoke or refuse to renew that person's license.

Under the previous law, non-compliant physicians could be identified only if a related case had been adjudicated or they had indicated noncompliance on their license renewal form. Under the new law, such information will be more readily available.

If IDPR decides to revoke a license, the agency will hold a hearing so the individual can state his or her case. "This whole process is about collecting child support," Schott said. "It is another tool that we will use."

The legislation expands the state's effort to crack down on parents who fail to pay child support, said Edgar in signing

(Continued on page 10)

Physicians must keep triplicate prescription forms up-to-date

COMPLIANCE: Using expired forms violates the state's Controlled Substance Act. BY KATHLEEN FURORÉ

[SPRINGFIELD] The use of expired triplicate prescription forms is a growing problem, according to the Illinois Department of Alcoholism and Substance Abuse, the agency that operates the state's Triplicate Prescription Control Program. In April alone, the department sent 30 letters to noncompliant physicians and pharmacists, said Sue Gorman, the program's supervisor of regulatory functions.

"We've had a lot [of expired forms] since the first of the year," said Gorman. "These are cases in which the doctor had issued the prescription to the patient [on an expired form], the patient took it to the pharmacist and the pharmacist filled it and sent it on to us for processing."

The program is designed to prevent the misuse, abuse and diversion of Schedule II designated drugs, which have a legitimate medical purpose but also have the highest potential for abuse, Gorman said.

Using expired prescription forms violates the program's administrative code and the state's Controlled Substance Act, Gorman explained. The code specifies that prescription blanks "shall expire two years after the last day of the month in which they were supplied."

The administrative code also states that pharmacists can refuse to fill triplicate forms. "In the event a pharmacist receives an Official Tri-

(Continued on page 10)



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

CHIN board OKs agreement with vendor

[CHICAGO] The board of directors of the Metropolitan Chicago Community Health Information Network approved an agreement last month for implementation of the CHIN. The contract is with Shared Medical Systems Corp., the prime contractor of the ChinAlliance, the group of vendors that will construct and operate the CHIN. The Metro Chicago CHIN is a joint project of ISMS and the Metro Chicago Healthcare Council.

Finalized after weeks of negotiation, the agreement outlines two phases – demonstration and service. During the demonstration phase, up to six hospitals and at least 500 physicians will have access to the basic CHIN functions. By using those functions, physicians will be able to identify referrals, submit claims electronically, review patients' claim status and claim-summary reports, verify patients' insurance eligibility and benefits, and use the CHIN electronic mail.

Also during this phase, which will end March 31, 1996, the contractor will provide general cost-benefit reports,

readiness assignments and implementation plans to the CHIN board, according to the agreement. The contractor is also responsible for network security, confidentiality of CHIN data, disaster recovery, and support and maintenance of the network.

Either party may terminate the agreement at the end of the demonstration phase. If the CHIN board decides to proceed, the contractor will begin a five-year service phase, which calls for continuation of the same services offered during the demonstration phase. In addition, the network will be expanded in areas such as the ability to access information about patient demographics, referral authorizations, remittance advice, care plans, teleradiology, coordination of benefits, funds transfer and video conferencing, according to the agreement.

As the CHIN becomes fully operational, more physicians, hospitals, payers and other relevant parties will be able to go on-line and take advantage of the network's services. ■

ISMS member wins national rural health award

[ATLANTA] Family physician George Mitchell, MD, of Marshall, received the Rural Health Practitioner of the Year Award from the National Rural Health Association during the group's annual conference May 19 in Atlanta.



Dr. Mitchell

The award recognizes a direct service provider for his or her leadership in bringing health services to rural populations, according to information from the association.

Dr. Mitchell has spent 46 of his 50 years in family medicine in rural Clark County, where he has improved safety and access to health care, the NRHA said. He helped establish two medical centers at nursing homes in towns on opposite sides of the county in the late 1970s, when the county had just four physicians. Soon after, Dr. Mitchell worked with other physicians to create an ambulance service staffed by emergency medical technicians.

In the late 1960s, Dr. Mitchell orchestrated a petition campaign urging the state to complete a section of Interstate 70 that passes through Clark County. Thanks to his efforts, safety features were added on a stretch of road where

many serious accidents had occurred, the NRHA said.

The Illinois Senate recognized Dr. Mitchell in 1992 for his commitment to public service in Illinois. That same year, he received the Distinguished Service Award from Lake Land College in Mattoon.

He currently serves as the head of the Family Practice Residency Program at Union Hospital in Terre Haute, Ind. His book, *Dr. George – An Account of the Life of a Country Doctor*, was published last year. ■



Brian Waring

ERIK VILLA (right) was one of 11 individuals honored for extraordinary acts of courage at the Illinois Department of Public Health's Eighth Annual Emergency Medical Services Awards ceremony May 16 in Chicago. After shoving his brother out of the path of a semi-trailer, Villa was hit and seriously injured.

Coalition strives to prevent childhood injuries

[BROOKFIELD] During a safety education event sponsored by the Chicagoland Safe Kids Coalition at Brookfield Zoo last month, more than 500 children participated in hands-on activities designed to teach them about injury prevention.

Among those activities were an obstacle course with a seat belt buckle-up test, a smoke detector relay race and a demonstration of safety tips for crossing the street. Families received safety checklists for their homes as well as information about child safety seats, fire and

burn prevention, and water, car, walking and bicycle safety.

"Parents worry about drugs and violence. But preventable injuries are the No. 1 killer and disabler of children, and people don't know it," said coalition coordinator Teri Crawley, RN, of Wyler Children's Hospital in Chicago. The day at the zoo was organized to "make learning about safety fun for kids and informative for their parents."

Each year, some 7,200 children die and another 50,000 are permanently disabled as a result of preventable injuries, according to information from the coalition. And this year, one out of every four children will suffer a preventable injury that is serious enough to require medical attention, the statistics said.

"The only way to address this public health problem is through injury prevention," said Mindy Statter, MD, director of pediatric trauma at Wyler Children's Hospital. "We can patch kids up. But it's best to prevent the injuries from happening at all."

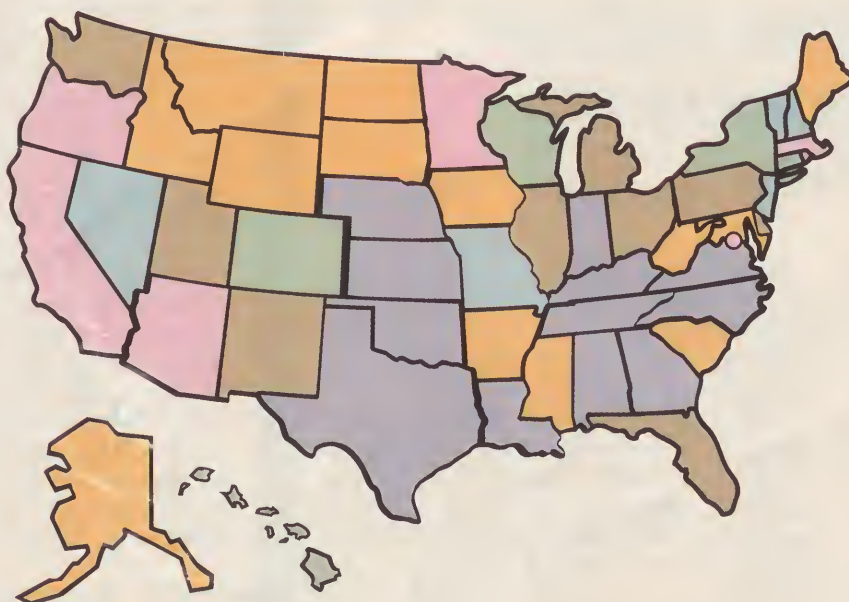
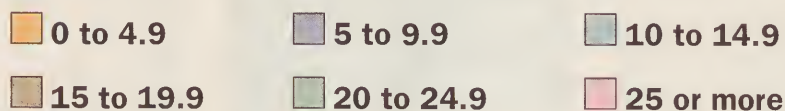
Physicians can contribute to injury prevention efforts by discussing safety issues with young patients and their caregivers, Dr. Statter said. In addition, doctors can place safety-related flyers, pamphlets and posters in their offices.

Based at Wyler Children's Hospital, the Chicagoland Safe Kids Coalition is one of more than 160 similar Safe Kids groups nationwide.

Other coalition members include the Chicago Police Department, Children's Memorial Hospital, Cook County Children's Hospital, LaRabida Children's Hospital and Research Center, the Loyola University Shock Trauma Institute, the Rehabilitation Institute of Chicago, the University of Illinois at Chicago and Weiss Memorial Hospital. ■

PHYSICIAN FACTS

Snapshot of percent of insureds enrolled in HMOs (by state, on Dec. 30, 1993)



HMOs headquartered in Washington, D.C., draw substantial numbers of members from Virginia and Maryland.

Source: Group Health Association of America, 1994

RPS elects new officers

[OAK BROOK] The 1995-96 officers of the Resident Physicians Section Governing Council officially took office during ISMS' 1995 Annual Meeting in Oak Brook. They are Scott Reid, DO, of Bolingbrook, chairman; David Alexis Rawitscher, MD, of Chicago, vice-chairman; Bill Falco, MD, of Chicago, secretary-editor; Jerry Hussong, MD, of Chicago, delegate; Savina Low, MD, of Chicago, alternate delegate; and Sam Page Jr., MD, of Chicago, immediate-past chairman. Mitchell Glaser, MD, of Chicago, has served as resident delegate to the Illinois delegation to the AMA since Jan. 1. ■

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Alliance presents new legislative award

RECOGNITION: Physician spouses will be honored for extraordinary commitment to meeting the goals of organized medicine. BY KATHLEEN FUREORE

[OAK BROOK] The Illinois State Medical Society Alliance has established an award in honor of long-time member Pam Taylor, of Danville. Taylor has been involved in legislative activities sponsored by ISMS and the Alliance since 1960. She accepted the first Pam Taylor Legislative Award at a luncheon held during the Alliance's Annual Meeting in April.

"I was absolutely speechless. They did something that was a complete surprise!" Taylor said. "I'm not usually fooled very easily. But all of a sudden, they were calling my name. I was totally shocked."

The award was created because the Alliance board wanted to honor Taylor for her dedication to the physician spouse group and to ISMS, said Carolyn Kobler, of Rockford, the group's immediate-past president.

"The board unanimously agreed that your work on our behalf, as our legendary legislative chair, has gone unrecognized for far too long," Kobler said in presenting the award. "Not only have you spearheaded all our 'days at the Capitol,' but you have motivated, educated and propelled us into action on numerous issues impacting organized medicine. The board honors and thanks you for being a true inspiration."

The Pam Taylor Legislative Award, which includes a \$100 donation to IMPAC, will be awarded to Alliance members who demonstrate outstanding achievement in the political and legislative arenas. It is not an annual award. Instead, it will be presented when a physician's spouse exhibits those qualities and merits the recognition, Kobler said.



Kobler (left) and Taylor

John McNulty



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT

for Illinois Physicians

CHILD ABUSE AT CRISIS LEVEL

Although the public is shocked when children die as a result of terrorism, three children a day die at the hands of their parents or caregivers. Child abuse and neglect have reached public health crisis proportions in the U.S. Based on an annual survey conducted by the National Committee to Prevent Child Abuse (NCPCA), statistics indicate child abuse and neglect continue to pose a serious threat to the well-being of the nation's children. Reports of maltreatment increased 4.5% in 1994, with 3.1 million children reported as victims of abuse or neglect; over 1 million of these were substantiated cases. Most disturbing, there were an estimated 1,271 child fatalities resulting from abuse or neglect in 1994. The vast majority of these cases (88%) involved children under the age of five and almost half were under the age of one (46%).

According to a report released in April from the U.S. Advisory Board on Child Abuse and Neglect, a 15-member federal advisory panel, death from abuse and neglect in the home exceeds deaths caused by car accidents, residential fires, drowning, accidental falls, suffocation and choking for children age 4 and younger. They concluded that 85% of childhood deaths from abuse or neglect are misidentified as accidents or natural causes. In addition, 69% of professionals - doctors, teachers, social workers- who suspect child abuse did not follow mandated reporting procedures. In other words, the current child protection system has failed to protect the nation's children.

A key component to correcting abusive situations is early detection and treatment. The Primary Care Physician plays a significant role in identification and intervention. In an effort to increase provider awareness and improve outcomes, Managed Care Network Preferred, the Point of Service Product of Blue Cross Blue Shield of Illinois, has established an Advisory Committee for the Evaluation and Treatment of Child Abuse. This committee has developed a program to educate providers in the prevalence of child abuse and neglect. This program includes guidelines that highlight identification criteria, reporting requirements and appropriate management and referral.

Child abuse reports continue to climb at a steady rate. The total number of reports nationwide has increased 63% since 1985 and the death rate has reached a 40-year high. In addition to early detection, preventive measures must be addressed. One effort found to be successful is the NCPCA's "Healthy Families America" program. As part of the Ronald McDonald Children's Charities network, this program identifies families most overburdened and at greatest risk of maltreatment and offers them voluntary home visitor services. Their focus is to teach effective parenting skills and get new families off to a good start. Presently there are HFA pilot sites in three Chicago neighborhoods, as well as Carbondale, and Aurora. For more information, call 1-800-CHILDREN or contact Don Schlosser at Prevent Child Abuse, Illinois, (217) 522-1129.

*He was one of those
men who wanted
to practice medicine
and wanted me to
take care of
everything else.*

Taylor said her late husband, Alan Taylor, MD, encouraged her to join the Alliance. "Alan was an old-time physician. He was one of those men who wanted to practice medicine and wanted me to take care of everything else. [Participating in the Alliance] was part of everything else."

With the help of a fellow Alliance member, Taylor founded the Society's public affairs breakfast. Originally an Alliance activity, the breakfast proved so successful that it is now an ISMS-sponsored event at the Annual Meeting.

During the past 35 years, Taylor has also been actively involved in IMPAC, ISMS' political action committee, and participated in its speakers bureau. Within the Alliance, Taylor has held several posts, including director, secretary, treasurer, legislative chairman and finance chairman. She is a past president of the Vermilion County Medical Society Alliance.

"I've only been successful because of the marvelous staff at the medical society and because Alliance members have been absolutely tremendous when I called them to help," Taylor noted.

Illinois Medicine

VOLUME 7, NUMBER 13

JUNE 16, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	Harold L. Jensen, MD
Alfred J. Clementi, MD	William E. Kobler, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Erlo Roth, MD
Arthur R. Traugott, MD	

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 PRODUCTION ARTIST, Rita M. Maltezos

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Shaping works in progress

Like Rome, this session's legislative victories weren't built in a day. Events throughout the session demonstrated that health care issues are fluid works in progress and can be shaped by long-term advocacy, commitment and hard work.

The passage of tort reform early-on may seem a distant memory now, but its timing shouldn't overshadow its significance. The special June 9 legislative issue of Illinois Medicine, which you should have received by now, includes a historical perspective of ISMS' push for tort reform. It began with a full-blown Society effort in 1975, during the medical liability insurance crisis. ISMS' Medical Legal Council recommended reforms, which were approved by the Board of Trustees and crafted into a legislative initiative. A malpractice crisis center was established in Springfield to promote tort reform-related activities. And about 400 physicians traveled to the state Capitol to lobby legislators.

The bill passed with most of ISMS' tort reforms intact, including a cap on all damage awards – economic and noneconomic – in medical malpractice cases. However, that cap was struck down by the Illinois Supreme Court because in some cases, individuals could not have fully recovered their economic losses.

ISMS was back again in 1985 to fight for more tort reforms. Society members formed action teams based at hospitals and county medical societies. As in the 1995 session, plaintiff attorneys opposed ISMS' proposals. But physicians fought

even harder, meeting with lawmakers, writing newspaper guest editorials and speaking at press conferences. This time, thousands of physicians descended on Springfield to persuade legislators to support the reforms. Again, the bill passed – but without a cap on noneconomic damage awards.

You know the end of the story. This year, we achieved major tort reform, including a \$500,000 cap on noneconomic awards, indexed to inflation.

We also achieved a compromise in the parental notification bill sponsored by Reps. Ann Hughes and Terry Parke and signed June 1 by Gov. Jim Edgar. The final measure allows any fines for physician noncompliance to be levied by the Illinois Department of Professional Regulation's Medical Disciplinary Board.

Despite a full-scale attack led by ISMS and the Illinois Association of Ophthalmology, a bill passed that expands optometrists' scope of practice. However, other expanded scope of practice bills were defeated or stalled.

Even though workers' compensation reform did not advance, the Society actively participated in weeks of intense negotiation and mitigated or eliminated several onerous provisions from the draft under consideration in the House.

Some of these same issues – and new ones – will return next session. Regardless of the outcome, you can be sure that ISMS will have done everything possible to advocate for physicians and patients and that such commitment will continue shaping success.

PRESIDENT'S LETTER

The future of medicine

Raymond E. Hoffmann, MD



*Helping people
 with their health –
 physical or
 mental – continues
 to be a high
 calling. Medicine
 is the best
 profession
 there is.*

One of the biggest worries many of us have is, What will medicine be like in the future? What will be there when I get elderly and infirm? What will it be like in five or 10 years? Will I be able to earn a living for my family? Will I be employed? Will I work for the government?

No one knows the answers to those questions. For years I have wanted a crystal ball to use when my patients ask which is the best operation for them. I don't have one with which to see the future for patients or to peer into my future.

However, I have seen the future of medicine. Memorial Day weekend was memorable. My wife, Nancy, and I were able to attend my son's graduation from Johns Hopkins. Like proud parents, we went to all the activities and met the other graduates. Just as a rough guess, probably 50 percent of those graduating in the biomedical engineering department are interested in or have been accepted to a medical school. My son, Nathan, will go to the University of Minnesota to get an MD/PhD combined degree. He decided on this late this spring and is as excited as I was years ago to be on the road to medicine.

My daughter, Kristen, also likes to deal with people but doesn't like the "blood and guts" of medicine. So she is starting a PhD program in behavioral psychology this fall. Since she graduated from college three years ago, she is especially excited about starting her career training.

This is the future of medicine. Not just Nathan and Kristen but all the young people at the Johns Hopkins graduation, all of them at all the graduations throughout the country – whether it was this year or three years ago or whenever. The ones I met are bright and eager. They realize that they have the future of their occupation (medicine, psychology or other) fully within their grasp.

The number of applications to medical schools is going up again.

This, despite the economic and practice uncertainties many "older people" feel. Helping people with their health – physical or mental – continues to be a high calling. Medicine is the best profession there is.

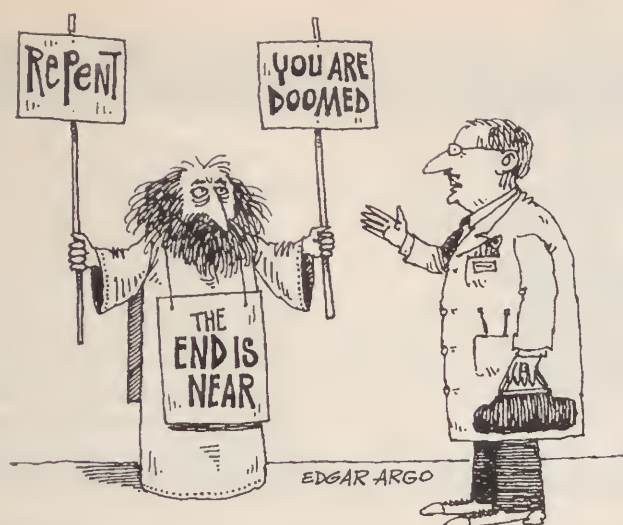
No, I can't see what the future will bring. Remember, that crystal ball isn't available. But since there will always be sick people, they will always need and want help. If the present move to managed care doesn't give them that help, another form of medical system will be tried. In this country, we have a proud tradition and are respected. I am sure that will continue.

MEDICINE HAS CERTAINLY changed since I was in residency. Medicare was just becoming a factor in reimbursement then. Medicaid hadn't even started. I trained partly at a charity hospital. Nobody worried about managed care, despite those experiments in California called Kaiser. These and other changes have made medicine better. Clearly, very few would want to return to the medicine of the '60s or '70s.

Both the scientific and delivery areas of medicine will continue to change. All of us want the medications, operations and science of medicine to improve. Why not the delivery part also? Physicians are motivated and intelligent enough to use whatever system is available to care for their patients.

Yes, I can see who will bring us the new science and the new delivery systems. The youngsters will. After seeing their knowledge, intelligence, energy and excitement, I am not worried. I am sure medicine will look different in the future, but they will still be able to get the job done.

So I did find a way to look into the future of medicine. If you want to join me in looking into a crystal ball, just attend a college graduation. We are in good hands.



"You have to slow down, Arnold. You're working too hard."

GUEST EDITORIAL

Medicine and the Tofflers' third wave

By Robert F. Hamilton, MD

Many of the changes and conflicts in medicine today are part of the sweeping changes and conflicts in our society. They relate to the third wave of societal change described by authors Alvin and Heidi Toffler. Dealing effectively with the current problems in medicine requires us to understand the clashing forces of this third wave as it overcomes the previous one.

Three major waves of change characterize our civilization, and each has been accompanied by enormous social forces and conflict, according to the Tofflers. The first wave began about 10,000 years ago and marked the change from a hunter-gatherer society to an agricultural society that included stationary villages, towns, cities and nations.

Industrialization prompted the second wave, which began in about the 16th century and was marked by centralization, specialization, nationalism and imperialism. As second-wave forces engulfed those of the first wave, conflicts arose. For example, the feudal system disappeared, and the United States experienced a civil war in which the industrial North eventually defeated the agrarian South.

As a result of great advances in electronics, space flight, deep sea exploitation and biotechnology, the third wave began in the 1950s. Its characteristics include information access from numerous sources, decentralization, despecialization, the breakdown of central authority, the functioning of relatively independent small groups and individuals, and multiple stresses on second-wave institutions.

The clash of the second and third waves has created many conflicts in medicine. The cost of health care is a major factor in the overall expenditures of corporations and the government, which seek to avoid collapse by reducing that cost. Conflicting with cost-containment are expensive technological advances and the public's insatiable appetite for sophisticated health care at little personal expense.

Industry has responded with managed care, which subjugates necessary humane patient care to the bottom line. The government responded with the

Clinton health care plan, and the public rejected it.

One reform, however, is about to become law. That is tax deductibility for Medical Savings Accounts, whereby patients can obtain health care with incentives for cost efficiency, pretreatment access to appropriate information about cost and benefits, choices about diagnostic services and treatment and the freedom to choose physicians, paramedical personnel and institutions. These characterize a third-wave system.

We physicians are told that our rather dismal future is with managed care. Hospitals and physicians are positioning themselves to preserve "market share." Hospital networks and major corporations will control health care. Physicians may all become hospital employees and lose autonomy. Our patients may become chattel, with very little power to make decisions.

Throughout history, however, a new wave has ultimately overwhelmed the former one. Certainly, managed care will remain with us, but more aspects of third-wave medicine are just over the horizon. They will force managed care to correct its abuses of our patients and us. They will compete directly with managed care in the marketplace. None of us can accurately predict the relative success of either managed care or this future system. We must position ourselves, as individuals and groups, to deal with both methods of health care delivery.

Physicians must also recognize the forces that cause conflict among us, and we must make our decisions based on the welfare of our patients. Our individual and collective decisions must adapt to change; minimize personal, interpersonal and group conflict; and above all, preserve our ability to serve our patients responsibly. The doctor-patient relationship is inherent in third-wave medicine and must be held sacred. If they are to survive, managed care entities must accommodate that relationship. It is a synergistic symbiosis from which neither we nor our adversaries can escape.

Dr. Hamilton is a general surgeon in Alton and an ISMS Sixth District trustee.

GUEST EDITORIAL

Give parents the right to know

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

After two decades of bitter politics and legal brawls, Illinois is on the verge of having a sound, legally defensible law asserting that parents should know when their daughter is going to have an abortion.

Not surprisingly, this didn't come about without a supreme legal tussle in the General Assembly, one that almost killed all chances of getting a parental notification bill. Abortion opponents had split: Some favored a compromise bill worked out weeks ago, others held out for a tougher measure.

The less-than-Solomonic solution was to pass both bills and let Gov. Jim Edgar decide which one will become law.

This is transparent subterfuge. The hard-liners know that Edgar favors the more moderate bill and is very likely to sign it. Passing their bill may have given them some satisfaction, but it's not likely to wind up as law.

Edgar should sign the moderate legislation crafted by Reps. Ann Hughes, a supporter of abortion rights, and Terry Parke, an opponent. Hughes and Parke deserve tremendous credit for respecting each other's ideological differences, working out this compromise and steering it through the legislature.

The Hughes-Parke bill would require a

physician to notify a parent, stepparent or grandparent before performing an abortion on a minor. Exceptions would be allowed for medical emergencies or cases in which the minor declares in writing that she is a victim of sexual or physical abuse or neglect.

A judge could grant a waiver from the law if he finds that notification would not be in a girl's best interest or that she is mature enough to make the decision about abortion. A doctor who violates the law would face sanctions by the state Medical Disciplinary Board, which could revoke the doctor's license and impose a fine of up to \$1,000.

Under the other bill sent to the governor, notification to a grandparent would not satisfy the requirements of the law, which also would expose physicians to possible civil court penalties.

Leaving penalties to the Medical Disciplinary Board would treat this matter the same as other transgressions by physicians. It would create a notification system without having a chilling effect on physicians who perform a legal medical procedure.

Illinois has been here before. Parental-involvement laws were passed in 1977 and 1983 but struck down by the courts. The Hughes-Parke bill has the best chance of surviving a challenge and providing Illinois with sensible law on this most sensitive of issues.

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

IDPR DISCIPLINES

This information is reprinted from the Illinois Department of Professional Regulation's monthly disciplinary report. IDPR is solely responsible for its content.

November 1994

Vesselin Oreshkov, Bloomington – physician and surgeon license reprimanded and fined \$1,250 for practicing without a valid license for three and one-half months.

Adrian G. Russell, Northfield – physician and surgeon license reprimanded and controlled substance license indefinitely suspended after allegedly prescribing controlled substances in a non-therapeutic manner and failing to keep appropriate records regarding prescribing and/or dispensing of controlled substances.

Salvador Vivit, Des Plaines – physician and surgeon license placed on indefinite

probation due to alleged discipline by the Department of Navy because of substandard care provided to patients.

December 1994

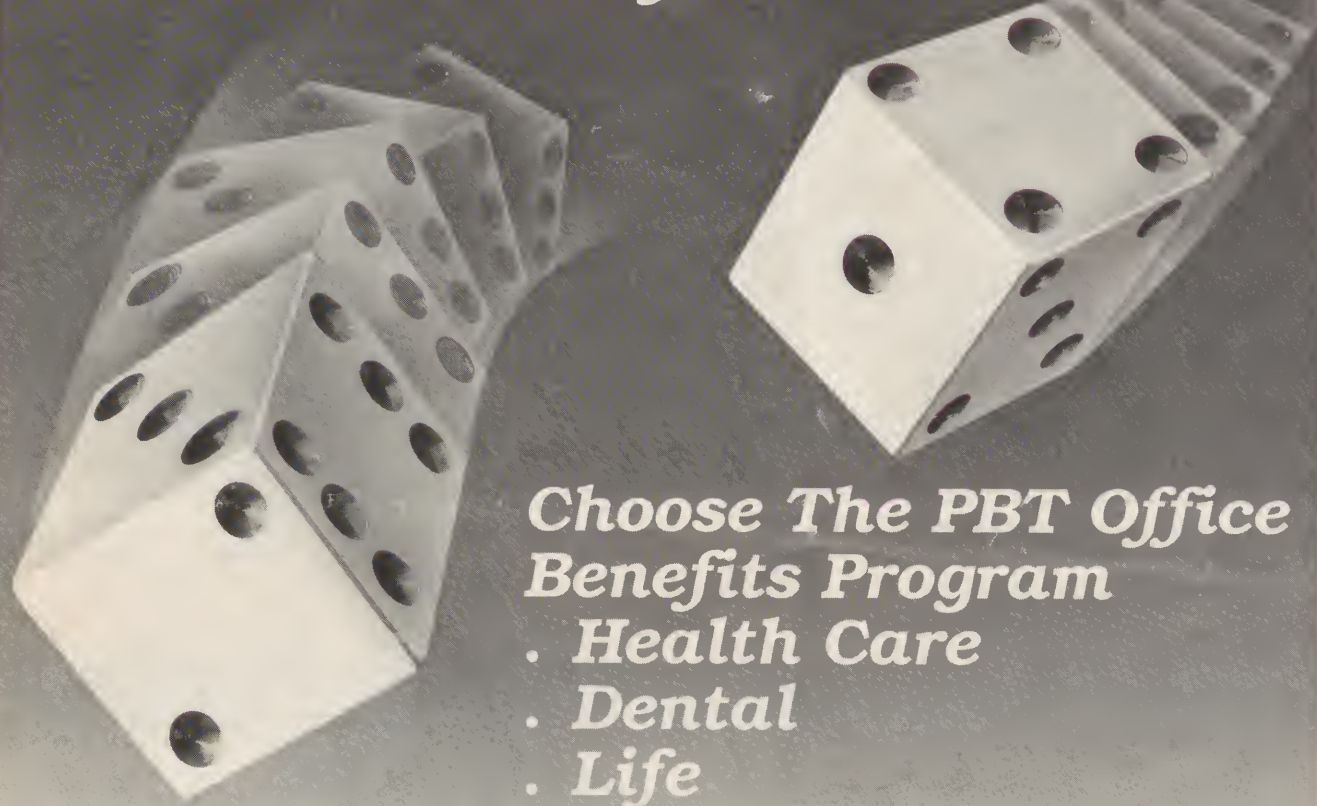
Joaquin Pascual Guzon, St. Louis, Mo. – physician and surgeon license reprimanded and fined \$1,700 for practicing while license was nonrenewed.

Westcot G. Krieger, Appleton, Wis. – physician and surgeon license issued

and placed on probation after being disciplined in the state of Wisconsin.

Edgardo Perona, Park Ridge – physician and surgeon license placed on probation for two years and controlled substance license suspended for six months followed by two-year-and-six month probation after allegedly prescribing medications in a nontherapeutic manner to a department controlled substance inspector.

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program


- Health Care
- Dental
- Life

The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details

 **(800) 621-0748**

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by

Chicago Medical Society &
Illinois State Medical Society




PBT Physicians' Benefits Trust

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Obstetrics/Gynecology physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development**
(708) 799-8000, ext. 3580

 South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429
Putting People First

South Suburban Hospital
is affiliated with
Advocate Health Care.

Physicians
must keep
triplicate
prescription
forms
up-to-date

PAGE 1

ISMIE Update

See the June 9
legislative issue
for tort reform
coverage

Case in Point

Laparoscopic cholecystectomies raise risk management issues

BY RICK PASZKIET

As the demand for laparoscopic cholecystectomies has increased, so have the risk management concerns for physicians. But the following cases demonstrate that proper patient selection, adequate postoperative care and thorough documentation can help reduce liability.

Case #1

The case in brief: A 75-year-old patient who was diagnosed with chronic cholecystitis underwent a laparoscopic cholecystectomy. Because of the patient's previous surgeries, scar tissue and dense adhesions were connected to the patient's abdominal wall. This made the identification of the patient's anatomy difficult.

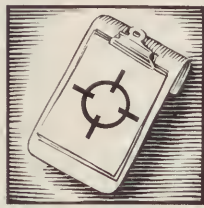
During the procedure, the patient's common bile duct was severed, and an anastomosis was performed. A week after the surgery, the patient died from complications of sepsis and pulmonary edema. The patient's family subsequently sued the physician for failing to perform an open procedure initially. The case was settled in favor of the plaintiff.

Case #2

The case in brief: In October 1991, a 45-year-old patient underwent a laparoscopic cholecystectomy. During the procedure, the common bile duct was clipped and transected, requiring repair.

Five days after surgery, the patient, who showed signs of jaundice, was examined by the physician. Although jaundice usually indicates a leak or obstruction in the bile duct, the physician treated the patient symptomatically. When additional tests were performed six weeks later, they revealed that the common bile duct was indeed severed.

The physician then had to



perform a second procedure to repair the duct. Two weeks later, the patient had to be readmitted to the hospital because he showed clinical symptoms of bile leakage. The physician delayed the surgery, and the leakage was not repaired for another two weeks. The patient subsequently sued the physician for providing inadequate and unresponsive postoperative care and causing an increased risk of death. Because the physician delayed diagnosis and repair of the bile duct, the case was settled in favor of the plaintiff.

Case #3

The case in brief: In November 1990, a 24-year-old woman underwent a laparoscopic cholecystectomy due to acute cholecystitis. The physician did not explain to the patient the risks associated with this surgery, because he thought she wouldn't understand them.

During the surgery, the common bile duct was severed and immediately repaired. A few days after surgery, the patient was diagnosed with a massive liver abscess that resulted from either her initial problem or a leak in the suture of the common bile duct. The abscess was removed.

In early 1991, however, it reappeared. Ultimately a portion of the patient's liver had to be removed. As a result of the injury, her life expectancy is now significantly shorter.

The patient sued the physician for failing to perform a cholangiogram and failing to explain all the potential risks. The case was settled in her favor.

The points these cases make: All these cases demonstrate the potential risk management

problems of a surgical procedure that is popular among patients but still relatively new. "Most of the cases involving laparoscopic cholecystectomies date back to the late 1980s when this procedure first became prevalent in hospitals," said Robert Collins, a partner with the Chicago law firm of Bollinger, Ruberry & Garvey. "Although physicians have become more skilled in this procedure, many are still not aware of their liability exposure when it comes to this type of surgery."

The physician in the first case should have carefully considered whether this procedure was appropriate for a 75-year-old patient, Collins said. "The physician must decide on a case-by-case basis the appropriateness of a particular procedure."

The popularity and accessibility of such new procedures can sometimes place pressure on the physician – even when the procedure may not be entirely appropriate. "The media has portrayed this procedure as a simple little thing when, in fact, it is a major operative procedure like any other form of gallbladder surgery," said Edward Fesco, MD, a general surgeon in LaSalle and chairman of the ISMIE Risk Management Subcommittee on Laparoscopic Cholecystectomy. "Patients have very high expectations with this procedure. But the physician can't be swayed or intimidated by those expectations. If a patient is a poor candidate for this procedure, the physician has no choice but to use the more traditional, open procedure."

The second case illustrates the hazards of insufficient postoperative care. Because of the postoperative complications associated with laparoscopic cholecystectomies, the patient must be closely monitored, especially if a major duct was injured.

"From a legal viewpoint, the physician, as always, must provide an appropriate standard of care to the patient," said Collins. "Since laparoscopic patients are typically going home the day of or the day after surgery, the physician has to have some follow-up procedures in place to make sure the patient's recovery goes smoothly."

The physician should have acted more quickly when the patient first exhibited signs of surgical complications, Dr. Fesco said. "Not only was the physician slow in taking some diagnostic tests to see if a leak or obstruction existed, but I also suspect the patient wasn't fully informed about recognizing the symptoms of a possible complication. The physician failed to give good follow-up instructions."

Today, physicians are more adept at recognizing the common signs of a duct injury, Dr. Fesco said. However, once recognized, the follow-up must be swift and thorough.

Especially because of the good press on laparoscopic cholecystectomies, patients should know the complications associated with this procedure. "The patient has to be told about the possibility of conversion to an open procedure during or after the laparoscopic cholecystectomy," said Dr. Fesco.

co. "In the third case, the patient was obviously not informed about the risks of a laparoscopic procedure over an open one."

Physicians should thoroughly discuss with patients the possibility of an injury occurring during the procedure. This is so important because of the difficulty in visualizing all aspects of the operative field during surgery.

"Getting a patient's informed consent is a necessity with this type of procedure," Collins said. "The physician has to go beyond just discussing the risks. He or she also has to document that both the laparoscopic and open procedures – and their side effects – were discussed with and understood by the patient."

"With this type of procedure, the physician has to make sure that the patient has no unanswered questions and that this is documented in the patient's chart," said Dr. Fesco. "Good documentation shows the physician's rationale for doing or not doing a cholangiogram and also indicates that the patient had a clear understanding of the pluses and minuses involved in a laparoscopic procedure." ■

Case in Point uses hypothetical case histories to illustrate risk management maxims.

Top five conditions and procedures as causes of claims

General surgery, closed ISMIE claims, 1985-94

Conditions	Procedures
1. Inguinal hernia	1. Comprehensive evaluation
2. Cancer of breast	2. Cholecystectomy
3. Calculus of gallbladder without mention of cholecystitis	3. No procedure performed
4. Other cholecystitis	4. Exploratory laparotomy
5. Obesity	5. Consultation on single organ system

Source: Illinois State Medical Inter-Insurance Exchange

Classified Advertising

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

BC/BE family practitioners: Residency-trained, full-time position - house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Loans? Illinois - Chicago and Downstate: Primary care physicians needed for Illinois. Family practice, pediatrics, obstetrics, internal medicine positions available. Variety of environments, urban and rural. Competitive financial packages, complete benefits, malpractice, CME, etc. Both federal and state loan repayment opportunities. Contact Steve Carlson, Illinois Primary Health Care Association, 600 S. Federal, Suite 700, Chicago, IL 60605; (800) 682-1300.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

BC or BE full-time or part-time physician bilingual in Spanish needed for new clinic in northwest Chicago area. Positions are salaried with excellent benefit package. Please send replies to Box 2276, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Immediate opportunities for primary care physicians at Ohio correctional facilities. Several locations in central and southern Ohio available. We will assist you in obtaining an Ohio license if needed. Malpractice coverage available. Contact in confidence Annashae Corp., (800) 245-2662.

Northern Illinois: Saint Anthony Medical Center, a 280-bed Level I trauma center in Rockford, offers a tremendous opportunity for BC/BE family practice physicians. Growing practice offers at least one-in-four call. Strong primary care physician group provides quality patient care and friendly colleagues. Offices are managed by practice management experts. Competitive salary and comprehensive benefits package offered. Saint Anthony is a member of OSF Healthcare. For more information, contact Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Stoughton, Wisconsin: Dean Medical Center, a 350-physician multispecialty group, is recruiting a BE/BC family physician for our Stoughton Clinic, located 20 miles south of Madison. Currently there are three internists, four family practice physicians, one pediatrician and one general surgeon at this clinic. Stoughton Hospital is a 50-bed facility adjoining the new medical office building. Stoughton (population 9,000) is growing, with excellent schools and neighborhoods. Guaranteed two-year salary, plus incentive and benefits, is offered for this position. Contact Scott Lindblom, Dean Medical Center, 1808 West Beltline Highway, Madison, WI 53715; work, (800) 279-9966 or (608) 250-1550, home, (608) 833-7985; fax (608) 250-1441.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

PGY-II position available in an innovative family practice residency program with rural training option. Two-hundred-fifty-bed tertiary care hospital, 4/4/4 program, strong outpatient experience. Contact Carle Foundation Family Practice Residency, David L. Whitehill, MD, director, (217) 383-3302.

Physicians: All specialties, residents welcome. Flexible full-/part-time MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp., (800) 245-2662.

Robinson, Illinois - Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

The bright future of managed care... and time to savor Ashley's giggles.

Consider a partnership with JSA. We manage the practice, keeping you from getting buried under paperwork. Your clinical leadership and expertise are maximized in your work with patients, and you have more time to spend with your family and in your recreational pursuits.



At JSA, we're leading the way into the future of medicine with our progressive Family Health Centers. Right now, we're inviting board-certified or board-prepared physicians in primary care to join our highly successful team of primary care physicians in:

**Waukegan, Illinois
&
Kenosha, Wisconsin**

In these remarkable career opportunities you take the lead, determining your own success and enjoying the rewards you help to create — including a superb compensation package with profit sharing...and more.

Let JSA introduce you to your future. It's as promising as you can imagine. Call Susan Bray at 1-800-966-2811. JSA Healthcare Corporation, 5565 Sterrett Place, Suite 200, Columbia, MD 21044. Equal opportunity employer.

JSA HEALTHCARE CORPORATION

What
do you get
when you cross
a physician with
JSA Healthcare
Corporation?

Morrison, Illinois – Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Internist – Downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

International medical graduate with USMLE parts I and II seeks residency training PGY I in family practice, internal medicine and transitional for 1995. Please contact Carolina Ocampo at work, (708) 490-0600, or at home, (708) 359-5354.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Lombard/Oak Brook area: Share office space with another physician. Flexible hours – days, evenings and weekends. Rent \$440 per month. Call (312) 327-8989.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible – 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Cabinets: Modular gray Midmark exam room and lab medical cabinets and countertops. Seven years old, excellent condition. Six rooms. Wheaton. Call Karen, (708) 690-7300.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Chicago – near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Building a custom home? The leading home-building magazine offers personal service to help you find your perfect builder. No customer fee. Free brochure: (312) 335-9000.

Miscellaneous

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop marketing strategies to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters and patient education handouts. Call Mary Benson at Target Market Communications Inc., (708) 747-7701, for initial consultation.

Transcription service: 9.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Issues in Primary Care Conference, Friday, Sept. 15, through Saturday, Sept. 16, Landmark Resort and Conference Center, Egg Harbor, Wis. (Door County). Contact Marshfield Clinic, Office of Medical Education, 1000 N. Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Free...Newsletter for retired physicians. We're about to publish a newsletter specifically for retired physicians. It will feature reviews of clinical studies from major journals including the New England Journal of Medicine and JAMA. We'll also report on pharmaceutical developments, government health care incentives, upcoming meetings and more. This is a first and represents a unique opportunity for you. We're offering a complimentary subscription in exchange for your help in completing a brief, prelaunch questionnaire. Simply send us your name and address; we'll forward the questionnaire to you by return mail. InfoMedic, PO Box 175, Prospect Heights, IL 60070.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.



Interested? Address your inquiries to:
Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.
Or call 312.808.4551, or fax 312.842.2496.

Humana®
Health Care Plans

OBITUARIES

*Indicates member of ISMS Fifty Year Club

***Belmonte**

John V. Belmonte, MD, a general practitioner from Oak Brook, died Sept. 23, 1994, at the age of 86. Dr. Belmonte was a 1932 graduate of the Loyola University Stritch School of Medicine, Maywood.

***Belsley**

Joseph P. Belsley, MD, a general practitioner from Peoria, died Sept. 22, 1994, at the age of 88. Dr. Belsley was a 1932 graduate of the University of Michigan Medical School, Ann Arbor.

***Caddick**

Richard P. Caddick, MD, a general surgeon from Quincy, died Dec. 14, 1994, at the age of 79. Dr. Caddick was a 1940 graduate of Harvard Medical School.

***Dimiceli**

Salvatore A. Dimiceli, MD, an abdominal surgeon from Chicago, died Nov. 18, 1994, at the age of 84. Dr. Dimiceli was a 1937 graduate of the Loyola University Stritch School of Medicine, Maywood.

***Fox**

Benum W. Fox, MD, a gastroenterologist from Evanston, died Nov. 7, 1994, at the age of 75. Dr. Fox was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

***Jacobs**

Henry R. Jacobs, MD, an internist from Evanston, died Sept. 8, 1994, at the age of 91. Dr. Jacobs was a 1928 graduate of the University of Iowa College of Medicine.

***Levin**

Samuel A. Levin, MD, a general practitioner from Chicago, died Dec. 15, 1994, at the age of 93. Dr. Levin was a 1927 graduate of the University of Illinois College of Medicine, Chicago.

***Masserman**

Jules H. Masserman, MD, a psychiatrist from Chicago, died Nov. 6, 1994, at the age of 90. Dr. Masserman was a 1931 graduate of the Wayne State University School of Medicine, Detroit.

O'Boyle

Robert F. O'Boyle, MD, a neurologist from Chicago, died Dec. 20, 1994, at the age of 64. Dr. O'Boyle was a 1956 graduate of Northwestern University Medical School, Chicago.

HMHK

(Continued from page 1)

for medical assistance or for redetermination of their Medicaid eligibility," according to Hovanec's letter. All unassigned clients may continue to access the fee-for-service program and select any enrolled Medicaid provider. The program phase-out will not affect HMO patients, since those enrollments occur outside of the parameters of the HMHK waiver, he said.

Without the HMHK waiver, IDPA lacks the authority to make assignments for new recipients until the MediPlan Plus program is up and running, Schott said. To implement that program, the department is currently working with the federal government to obtain a different waiver than the one initially obtained. "This waiver is needed to create a new kind of managed care entity — a Managed Care Community Network — that had never existed before," he noted.

For patients outside of Chicago, HMHK services will continue without change because IDPA has not paid case management fees for those patients, since they were not assigned to a specific HMHK physician. In addition, the Illinois Department of Public Health will assume responsibility for administering the program's case management computer-tracking system statewide, said IDPH spokesperson Tom Schafer. "We have agreed to help IDPA with its computer system."

The IDPH system, known as Corner-

stone, facilitates the sign-up process for recipients and enables clinics to access patients' records. Cornerstone is already in use in Downstate Illinois, and it makes sense for IDPA and IDPH to combine their systems, Schafer noted. "It is a one-stop shopping network." ■

Child support

(Continued from page 1)

the bill. Another provision grants authority to the Illinois Department of Revenue to seize the property of individuals who have not responded to other enforcement efforts. "This package of 11 reforms, one of the most sweeping in the nation, takes the progress we have made during the past four years in moving people from dependence [on public aid] to independence and builds on it." The law requires adults to assume a greater responsibility for themselves and for their families, the governor added.

The bill, which is already in effect, was sponsored by Sens. Frank Watson (R-Carlyle), Laura Kent Donahue (R-Quincy), Walter Dudycz (R-Chicago), Dave Syverson (R-Rockford) and Robert Raica (R-LaGrange) and Reps. Ron Stephens (R-O'Fallon), Jack O'Connor (R-Palos Heights), Larry Wennlund (R-New Lenox), Raymond Poe (R-Springfield) and Mike Bost (R-Carbondale).

At the federal level, the U.S. House Ways and Means Committee narrowly rejected an amendment proposed by Rep. Barbara Kennelly (R-Connecticut) that would have required states to suspend or restrict the professional, recreational and drivers' licenses of individuals who refused to pay child support. However, committee members did endorse a watered-down amendment, which calls for the creation of state and federal registries to track individuals who fail to pay child support and who cross state lines. ■

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

**Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery**

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

Call collect:
Maj. George Huggins
708-541-3644

ARMY RESERVE. BE ALL YOU CAN BE.®

Triplicate prescriptions

(Continued from page 1)

Blank on which the preprinted expiration date has passed, the pharmacist shall mark both copies 'expired — not filled' and shall submit both copies to the department," according to the code.

When forms are invalid, pharmacists are responsible for notifying prescribers and arranging for valid forms to be issued. If pharmacists are unable to reach the physicians who used the expired forms, they have the authority to decide whether to dispense the drugs, the code states.

To obtain valid forms, physicians may use the reorder form in the second prescription book, use the preprinted renewal notice prescribers receive 30 days before the forms expire or call the department's Triplicate Prescription Control Section. For more information or to order forms, call (312) 814-6390 or (217) 524-5661. ■

Physician HELpline

A 24-hour physician HELpline is available to link impaired physicians and their families with helpful resources. Contact the ISMS Physician HELpline at (312) 580-2499.



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“Being a doctor used to only be about helping **patients**. Now it’s about national, state and courtroom issues too. I depend on ISMIE to be my voice. They know the **legal** system as well as they know medicine.”



Insurers come. And unfortunately, insurers go. But since 1976, one company has remained dedicated to serving the physicians of Illinois. The Illinois State Medical Inter-Insurance Exchange. Naturally, we work with attorneys who specialize in Illinois medical malpractice law. But we also work with the Illinois State Medical Society to pursue tort reform, like caps on non-economic damages. And other issues that will improve the liability climate for doctors statewide. So trust your coverage to the most venerable, physician-owned insurer in Illinois.

Over 10,000 of your colleagues do. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer



Telemedicine goes on-line

PAGE 9

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • JULY 14 1995

Panel addresses marketplace changes

PAGE 11

Consultant referral service helps physicians with managed care, practice management

CHANGING MARKETS: Doctors seek advice about contracts, PHO affiliations and the formation of POs. BY KATHLEEN FURORE

[CHICAGO] As managed care escalates in Illinois, physicians are becoming increasingly concerned about the future. Many concerned doctors are turning to health care consultants participating in ISMS' Consultant Referral Service for help.

"It's a result of what doctors are reading and seeing in their markets. They realize they really need to forge closer alliances with hospitals and other physicians," explained Thomas Gorey, a principal at Crystal Lake-based Policy Planning Associates and a participant in ISMS' referral service. "There is a sense of urgency.

MANAGED CARE

Physicians feel like they should be doing something, but they aren't sure what it is."

The role of consultants is to help physicians analyze their local markets and develop strategies for working in them, Gorey said. "We're trying to walk them through the process of analyzing the market and their goals and then showing them how to take advantage of opportunities to participate in managed care arrangements if they want to."

One physician tapped the

expertise available through ISMS' Consultant Referral Service last fall when he and his colleagues needed advice about managed care contracting. "We called inquiring about contracting with single-specialty networks. We were looking for a resource to find information about the character and appropriateness of managed care contracts," said William Robb, MD, of Evanston-Glenbrook Orthopedic Specialists. "Last year, our office was not dealing a great deal with managed care, but that's changing very rapidly. We were looking for help in reviewing contracts."

(Continued on page 14)



John McNulty

DURING A JUNE 4 program marking National Cancer Survivors Day, actress Jill Eikenberry discusses her bout with breast cancer and the potential for women to recover and lead normal lives. The program was sponsored by the University of Chicago Hospitals.

Federal anti-fraud project targets Illinois

INVESTIGATION: Operation Restore Trust focuses on abusive activities. BY KATHLEEN FURORE

[CHICAGO] Illinois is one of five states the U.S. Department of Health and Human Services is targeting in its new Medicare and Medicaid anti-fraud effort called Operation Restore Trust. Through the project, the government intends to crack down on fraudulent, wasteful and abusive services delivered to nursing home and home care patients, said Robert Noble, a Chicago-based special agent for investigations in the HHS Office of Inspector General.

"There was a growing realization that those two groups are the targets of more fraud schemes than [any others]. The vulnerable elderly are not able to adequately look out for their own interests," Noble explained. "Fraud is doing a huge amount of harm not only to the Medicare and Medicaid programs but potentially to patients themselves. That is what prompted us to take a

comprehensive look at fraud and do something about it."

Operation Restore Trust is a partnership between the OIG, the Health Care Financing Administration and the Administration on Aging. Initially, it will focus on Illinois, New York, Florida, Texas and California because almost 40 percent of all Medicare and Medicaid beneficiaries are located in those states, according to information from HHS.

Among the abusive activities that the anti-fraud project will investigate in the home health industry are billing for excessive services or for services not rendered, using unlicensed or untrained staff, falsifying plans of care, forging physician signatures and taking kickbacks. Inappropriate payments and overuse of services in nursing homes will also be scrutinized.

The government has already

(Continued on page 11)

Physicians urge veto of optometric bill

LEGISLATION: Letter-writing campaign aims at convincing Edgar to reject S.B. 185. BY MARY NOLAN

[SPRINGFIELD] Hundreds of ophthalmologists, their patients and staff members have sent letters to Gov. Jim Edgar's office urging him to veto S.B. 185. The bill, which passed the General Assembly this spring, allows optometrists to prescribe and administer therapeutic drugs. Edgar must decide by this week whether to sign the measure or veto it.

The letter-writing campaign continues a long-standing effort by the Illinois Association of Ophthalmology to prevent passage of such expanded scope-of-practice legislation. To update members on the status of the bill earlier in the session, IAO sent them faxes and direct mail pieces and established a hot-line number. Ophthalmologists and other physicians contacted lawmakers throughout the session to alert them to the potential harm of the measure.

"It was a bitter fight in the House, and many representatives stuck with us despite intense pressure to switch," said IAO President Norbert Becker, MD, a Geneva ophthalmologist,

in a letter sent to members the day after the bill passed. He encouraged physicians to continue the fight. "This bill cannot become law without the governor's signature."

In the letter, Dr. Becker urged IAO members to write to the governor, ask their staff and patients to send letters to Edgar's office and write to newspaper editors statewide. Ophthalmologists have responded. Letters sent by physicians and patients stress specific concerns about the bill, such as how it lowers the educational requirements to practice medicine in Illinois by permitting optometrists to treat eye diseases without attending medical school.

"[Optometrists] need only two weeks of training to diagnose and treat patients," said Dianne Ross, MD, an ophthalmologist in New Lenox. This limited training is hard to justify, she added. Her patients have been more than willing to send letters, make phone calls or do whatever it takes to convince the governor to withhold his signature

(Continued on page 11)

INSIDE

Task force tackles teen pregnancy



PAGE 3

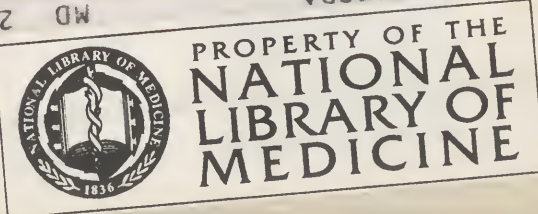
DEPARTMENTS

News Briefs.....2

Commentary.....4

ISMIE Update.....7

Classifieds12



IDPH awards Illinois AIDS hot line contract

[SPRINGFIELD] Effective July 1, Test Positive Aware Network of Chicago began operating the Illinois AIDS hot line, according to John Lumpkin, MD, director of the Illinois Department of Public Health. TPA replaces Horizons Community Services of Chicago, which had staffed the hot line since mid-1988, Dr. Lumpkin said. It is the midwest's largest support and information network for individuals who are HIV-positive.

IDPH awarded the one-year, \$230,000 contract to TPA in April after considering nine proposals from organizations throughout the state, Dr. Lumpkin said. "TPA has an impressive history and dedication to the dissemination of information about HIV and AIDS. We look forward to working with TPA and continuing to provide Illinois citizens with accurate messages about HIV and AIDS, prevention and risk reduction, counseling and testing, and referrals to other services as needed."

TPA, which already operates a similar hot line, received more than 40,000 calls last year, making it the second busiest state information hot line in the nation. It operates 12 hours a day and offers services for Spanish-speaking and hearing-impaired callers, according to information from IDPH. TPA has pledged to increase the service to 15 hours daily as soon as its staff for the state hot line is assembled, the department said. ■

Correction

In the June 9 legislative issue, Erlo Roth, MD, was mistakenly identified as the current president of the DuPage County Medical Society. Dr. Roth is a former president of the society. ■



MORGAN MEYER, MD (left), chairman of ISMS' Council on Public Relations and Membership Services, and **Scott McCallister, MD**, review the Society's teen AIDS awareness video, which recently won a Golden Trumpet Award from the Publicity Club of Chicago. Other physicians who appeared in the video with Dr. McCallister were Janice Lyon, MD, and Terry Mason, MD.

Teen alcohol awareness campaign unveiled

[CHICAGO] Lt. Gov. Bob Kustra unveiled a television awareness campaign last month that targets alcohol use by underage drinkers. The campaign, which includes three 30-second public service announcements, has begun airing on broadcast stations across the state.

"Drugs have a devastating effect on thousands of families throughout Illinois, [and] in emotional terms, the cost of alcohol and drug abuse is enormous," said Kustra, who serves as chairman of the Partnership for a Drug-free Illinois. Problems related to alcohol cost the state more than \$5 billion dollars a year, he added. "It is our hope that this awareness campaign will play an important role in our efforts to break the cycle of substance abuse and promote a healthy lifestyle for all Illinoisans."

Two of the PSAs urge parents to discuss with their children the potential

dangers surrounding alcohol use, said Kustra. For example, one PSA features "NYPD Blues" actor and Chicago native Dennis Franz explaining to parents that children can find the dangerous weapon of alcohol in their own homes.

Recent figures from the Illinois Department of Alcoholism and Substance Abuse showed that nearly 25 percent of junior high school students have consumed alcohol. In addition, more than 64 percent of students surveyed said that alcohol was "easy to obtain." Teens typically begin using alcohol around age 13, according to information from Kustra's office.

A new campaign focusing on the dangers of marijuana use was scheduled to be released late last month to television stations statewide, the information said.

Both campaigns are consistent with ISMS House of Delegates policy on alcohol and substance abuse, which supports continued dialogue between the lieutenant governor's office and DASA to develop appropriate initiatives in rural and urban areas of the state. ■

Driver's license review law protects physicians

[SPRINGFIELD] Responding to physicians' concerns about potential liability for breaching confidentiality, the Illinois Office of Secretary of State said doctors are protected from criminal and civil penalties if they offer opinions, findings or other information pertinent to a driver's license applicant's ability to operate a motor vehicle. That protection is granted under the state's Driver's License Medical Review Law of 1992.

By law, physicians may inform the secretary of state's office about an individual's medical condition as it relates to operating a motor vehicle safely and be assured that the information will be kept confidential. Examination results are also considered confidential. Aside from notification to the state, information about the person's condition may be disclosed only to the individual under review and in compliance with a court order or legal discovery.

"This is not a requirement for doctors to submit information," said Mark Novak, spokesperson for the secretary of state's office. However, the protection is in place for physicians who decide to notify the secretary of state's office about specific medical conditions that may impair their patients' ability to drive safely, Novak explained.

Although there is no established list of conditions that should be reported, some common ones are epilepsy, a serious heart ailment or a mental condition, Novak noted. The decision to report a patient's condition is left to the judgment of that individual's physician. "This is just another tool for the secretary of state to use to keep potentially harmful drivers off the street." ■

Illinois Medicine wins awards for editorial, design

[CHICAGO] Illinois Medicine received second-place and third-place awards in the 17th annual editorial and graphics excellence regional competition sponsored by the American Society of Business Press Editors. The awards for the West/Midwest Region were presented in May.

The publication was awarded second place for best feature spread for the story "Preventing child abuse through education" in the July 15, 1994, issue.

A two-part series on DNA testing and forensic medicine – published in the Oct. 21 and Nov. 4, 1994, issues – garnered a third-place regional award for best feature series and an honorable mention in ASBPE's national competition. ■

WATER TOWER PLACE

The office difference.

Put yourself in Chicago's most prestigious setting. General office space is now available which is adaptable to a number of specialized uses, including medical or dental practices. 500 square feet to 2,000 square feet.

For more information, contact Urban Retail Properties Co. at (312) 440-3580.

Broker cooperation is invited.

URBAN

 RETAIL PROPERTIES CO.



Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Task force tackles teen pregnancy

ACCESS: Local physicians take action to educate the community. BY KATHLEEN FUREORE

[PEORIA] A series of articles in the local newspaper prompted Peoria County physicians to form a task force on teen pregnancy, according to Michael Shekleton, MD, a Peoria internist and task force chairman. The task force serves as a liaison between the medical community and the United Way Task Force on Teen Pregnancy, Dr. Shekleton said.

"The Journal Star series pointed out that teen pregnancy is a major problem in our society. The statistics were almost overwhelming," Dr. Shekleton explained. "We saw it as part of a broader problem and thought medicine should be able to provide leadership on this issue. We hope to educate the community about the medical components of sexual activity in the teen population."

The group's educational efforts address such topics as the consequences of unprotected sex; alcohol, drug and child abuse; the loss of educational and economic opportunities; and the impact of teen pregnancy on young mothers, their children and public health, he noted.

Teens, for example, account for 3 million to 6 million cases of sexually transmitted diseases each year, according to a report issued by the task force. In addition, adolescents do not practice birth control consistently, and sexually active teens often engage in other health-related risk-taking behaviors such as smoking and drinking, the report stated.

"We met with local high school students and got a no-holds-barred look at teen sexuality," said Dr. Shekleton, noting that 97 percent of the teens said they were sexually active. "They basically said, 'You can't help me. I don't need help. Maybe you should start with fifth- and sixth-graders.' It was a real eye-opener for us."

That meeting with the teen-agers was important because it opened lines of communication and provided physicians with a look into the adolescent psyche, Dr. Shekleton explained. "One problem is that we're dealing with adolescents who have different mind-sets [than adults]. It's nice to get together with community leaders, but we have to figure out how to communicate with high-risk populations like high school students."

The task force also held a series of

grand rounds presentations open to all residents and physicians at Methodist Hospital. The lectures dealt with teen pregnancy issues and included a discussion of STDs and the adolescent psyche. "Physicians aren't really addressing these issues in their offices. We wanted to educate them and let them know about the availability of community resources," Dr. Shekleton said.

The task force also plans to form a speakers bureau through which physicians will travel to local school districts to discuss issues related to teen pregnancy. "One comment we've received from educational leaders in the community is that if we offered a speakers bureau, it would be well-received," Dr. Shekleton said. Physicians interested in participating may contact him at (309) 672-4980.

Although tackling teen pregnancy is difficult, Dr. Shekleton said he is pleased with the task force's efforts. "There's no sure way to attack the problem. You have to attack teen pregnancy, the lack of education, broken families and drug and alcohol abuse. But we are making some headway. Just the fact that we're participating in a project of this critical nature is constructive. There's only so much we can do with medications. Preventive medicine here is the key, and the population is not well-educated about the medical aspects of the problem. [That's why] it is important for physicians to be involved."



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ILLINOIS MEDICARE PART B PNEUMOCOCCAL PNEUMONIA VACCINATIONS



Medicare Part B pays 100 percent of the reasonable charge for pneumococcal pneumonia vaccine and its administration to a patient if it is ordered by a physician who is a doctor of medicine or osteopathy. A physician does not have to be present to meet the physician order requirement if a previously written physician order (standing order) is on hand and it specifies that for any person receiving the vaccine, the person's age, health and vaccination status must be determined. A signed consent must be obtained.

The vaccine may be administered only to persons at high risk of pneumococcal disease, who have not been previously vaccinated. A record of vaccination must be kept.

Persons at high risk include all people age 65 and older; immunocompetent adults who are at increased risk of pneumococcal disease or its complications because of chronic illness (e.g., cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, or cerebrospinal fluid leaks); and individuals with compromised immune systems (e.g., splenic dysfunction or anatomic splenia, Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, HIV infection, nephrotic syndrome, sickle cell disease, or organ transplantation). If an entity administering pneumococcal vaccine via a standing order determines that the patient was previously vaccinated or is unsure of his/her vaccination status, the patient must be referred to his/her personal physician or a specific physician order for that patient (written or via telephone) must be obtained prior to vaccination.

Members active in ISMS' program on teens, AIDS

As part of ISMS' program on teens and AIDS, member physicians are speaking to groups of young adults throughout the state about the perils of AIDS. In addition to giving presentations, the doctors distribute the Society brochure "Straight talk to teens about: Sex, AIDS and disease" and show ISMS' new AIDS awareness video. The program is available for schools and youth groups in Illinois. Any physician interested in participating in the program may call the ISMS public relations department at (312) 782-1654 or (800) 782-ISMS.

Illinois Medicine

VOLUME 7, NUMBER 14

JULY 14, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

Edmund Donoghue Jr., MD

Richard A. Geline, MD

Raymond E. Hoffmann, MD

Jane L. Jackman, MD

Harold L. Jensen, MD

William E. Kobler, MD

Silvana Menendez, MD

Sandra F. Olson, MD

Janis M. Orlowski, MD

Scott Reid, DO

Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

PRODUCTION ARTIST, Rita M. Maltezos

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

A preventable pediatric disease

With summer, those people who hibernated during the spring rains have streamed outdoors to enjoy such healthy pursuits as riding bikes, jogging or playing golf. But if you take even a short stroll at lunchtime, you'll probably see far too many people engaging in a deadly behavior – smoking cigarettes. As a matter of fact, between 46 million and 48 million Americans still smoke, reports the media. And every year, another 1 million American children become addicted to cigarettes before they can even legally buy them, according to the Illinois division of the American Cancer Society.

There are more alarming statistics from the Illinois division. The average American smoker tries his or her first cigarette at age 9. Ninety percent of smokers become addicted to cigarettes while they are still children or adolescents.

The division's data about retailers and the tobacco industry are equally disturbing. Nationwide, tobacco outlets earn more than \$1 billion in illegal sales to minors, with half a billion packs being sold illegally to people under age 18. In Illinois, children are able to buy cigarettes 67 percent of the time, according to research by the University of Illinois at Chicago.

To recruit its customers – underage and otherwise – the tobacco industry spends \$4 billion annually. That breaks down to more than \$7,000 per minute, 24 hours per day, seven days per week. The three

most heavily advertised cigarette brands have corralled 86 percent of the illegal youth market but only 35 percent overall.

Then there are the clinical study results that have been published during the last few months. Recent studies in medical journals showed that even a small amount of secondhand smoke can contribute to heart disease in nonsmokers.

Counteracting an entrenched problem is never easy, so progress usually occurs incrementally. One of the bills introduced during the '95 Illinois legislative session removes exemptions to the state school smoking ban and strictly regulates cigarette vending machines. That measure, which is consistent with ISMS House of Delegates policy prohibiting possession of tobacco products by minors, passed the General Assembly.

Anti-tobacco resolutions were also passed at the recent ISMS and AMA annual meetings. The Society's HOD approved a ban on free tobacco product samples and directed ISMS to support legislation to that effect. In addition, the AMA agreed to encourage higher taxes on tobacco to discourage smoking and to fund the treatment of patients who suffer from illnesses caused by tobacco.

The problem is pervasive and affects people of all ages, but it must be attacked at its root. The FDA commissioner called nicotine addiction a pediatric disease. Fortunately, it's a disease we can do more to prevent. ■

PRESIDENT'S LETTER

Bad outcomes are not crimes

Raymond E. Hoffmann, MD



We physicians must form partnerships with our patients to enable them to make decisions about their health.

Among the more disturbing trends in medicine are the recent accusations of criminal behavior in the practice of medicine. Everyone has heard of the physician in New York who may have to serve 52 weekends in jail for a medical error. He was convicted of delaying the transfer of a patient from a nursing home to a hospital after a mistake was made in her tube feedings.

There were allegations of criminal behavior involving a Wisconsin physician who was director of a lab that made errors in evaluating Pap smear slides. The mistakes led to several cases of failure to diagnose cancer. An anesthesiologist was charged with criminal behavior in the death of a child who was under anesthesia.

Without commenting on the merits of those individual cases, these examples make me wonder whether the ugly genie of criminal accusations against physicians is emerging from the bottle of lawsuit abuse. In light of the significant lawsuit reforms we've won in Illinois, will such accusations now replace lottery-like noneconomic damage awards in malpractice cases? If so, what can we do?

Long-term Illinois statistics show little correlation between malpractice lawsuits and the quality of care. Physicians have consistently won three out of every four cases filed because of decisions made by judges, juries or plaintiffs who decided to drop their litigation.

Only a few cases result in payment to patients because of a finding of substandard care or medical error. What can we do to improve outcomes, prevent recurrence and build and maintain patient confidence?

People want quality medical care. Some even want impossible guarantees. A common reason plaintiffs give for filing malpractice lawsuits is that they want to make sure the physician never makes the same mistake on another patient.

We strive to give only high-quality care to patients. But a few bad cases each year cause people to demand that we prove our high

quality. How do we prove that? Raw hospital death rates mean nothing. What if the data are corrected for age, sex, disease severity, co-morbidity factors, etc.? They still don't correlate with quality. How about if we throw in patient-satisfaction surveys? Well, you can see why numbers can never guarantee quality.

That doesn't mean we should give up, though. On the contrary, physicians need to get more involved. Government agencies and insurance companies have not had much success working with quotas, precertification and penalties. We need to use education. Data collection can show each of us our weaknesses. Physicians are very self-motivated and self-assessing.

The Illinois State Medical Society has also been a strong advocate of quality assurance. During the MediPlan Plus Medicaid reform discussions, we said we wanted an independent physician organization to oversee quality of care. One of our major concerns has been whether there is clear evidence that the peer review organization of the Crescent Counties Foundation for Medical Care is really improving care.

With the Illinois Medicare PRO contract out for competitive bidding, maybe now is the time for ISMS and physicians to be broadly involved with the organization that reviews the quality of health care.

My biggest fear is that if we do not improve the public's perception of our overriding interest in quality, the pendulum may swing back again. Tort reforms may start to unravel. Also, the new weapon against doctors – criminal penalties for unexpected results – may be used more.

We physicians must form partnerships with our patients to enable them to make decisions about their health. Yes, we must make sure these decisions are high-quality. But despite the rare mistake, we are not criminals. ■



"A malpractice attorney refused to have his gallstone removed today by a team of doctors. He is currently looking for a home remedy."

Quotables

"Employees should be aware of the economic relationship between the doctor and the company. Anybody who uses a company physician in the assumption that person can be as absolutely respectful of confidentiality as an outside person is foolish."

— **Alan Westin**, publisher of Privacy and American Business, on the party to whom company doctors owe their loyalty, New York Times

"It's OK for HMOs to reward doctors for being efficient, but we need safeguards to ensure that corporations don't put profits before the quality of patient care."

— **Lonnie Bristow, MD, AMA president**, on the need for laws granting doctors more power in treating and testing HMO patients, St. Louis Post-Dispatch

"We will not permit the coercion of Medicare beneficiaries into particular plans in the name of budget savings. We have to realize Medicare is a trust fund, not a slush fund to be used to pay off political debts and campaign promises."

— **HCFA administrator Bruce Vladeck**, on the Clinton administration's opposition to placing more Medicare recipients in managed care plans, Congress Daily

"We are the ones who know patients' problems, allergies, sensitivities to medications. We can't think about the bottom line and still put our patients first."

— **Theodore Lewers, MD, AMA trustee**, on a managed care clinical pharmacy program that bases prescription drug recommendations on hospitals' bottom line, Business Week

"One day he was railing, veins popping out of his head. He was just going on and on and on. I remember thinking, I'm glad I don't have to do that job anymore."

— **Illinois Rep. Bill Black (R-Danville)**, describing Rep. Lou Lang (D-Chicago) in his role as the Democrats' official point person to stall this session, Chicago Tribune

"Somewhere a lawyer's computer is churning out cookie-cutter lawsuits to be brought by his or her colleagues throughout the country."

— **Audrey Ashby, Wyeth-Ayerst spokesperson**, on identical typographical errors in lawsuits filed in different states, New York Times

"Any doctor we go to is overly cautious. There are notes all over the chart saying 'BOB CLIFFORD!' I hate going to the doctor for that reason. They do all kinds of extra things they don't need to do."

— **Jan Clifford, wife of Chicago plaintiff attorney Bob Clifford**, Chicago Tribune

GUEST EDITORIAL

Election concerns

By Raj Lal, MD

In response to Dr. Hoffmann's "President's Letter" titled "Democracy works if we know the rules" (May 19 issue), I respectfully take issue with the condescending tone of the title and with the way the April 21 election was carried out. Although intercaucus agreements are not official ISMS policy and although procedures outlined in the ISMS Constitution and Bylaws take precedence over the caucus process, I believe this election represented an egregious, demoralizing and disenfranchising power play by existing leadership. I wish to raise three specific concerns about what this year's election showed about both the

spirit and the letter of the democratic process.

First, the credentialing of medical students as voting delegates violated ISMS bylaws and was, I believe, an attempt to "stack the house" in favor of candidates whom leadership supported.

Secondly, although for almost two decades, leaders of the Chicago and Downstate caucuses have encouraged all ISMS members to support the candidates nominated by the caucuses, this year was different. When the Chicago Medical Society leadership's candidates were voted down by the caucus, the speaker, seeing a "loop-hole" in the bylaws, chose to

invoke the letter of the law, not allow discussion and push his own candidates through.

Thirdly, the election violated the bylaws' reliance on the Sturgis Standard Code of Parliamentary Procedure stipulation that qualifications be presented for all candidates. No qualifications were given for candidates nominated by the CMS caucus majority, yet candidates nominated from the floor in fact had a recognition-factor advantage because their present or past ISMS positions were well-known.

Thus, sadly, the recent elections have created a divisive environment of mistrust among many practicing physicians who can now see how hollow ISMS leadership's promises of inclusiveness really are.

In response

By Raymond E. Hoffmann, MD

Thank you for your letter and your comments. The title of my letter, "Democracy works if we know the rules," represented what actually happened at the ISMS Annual Meeting in April. The rules were followed, and democracy worked.

The elections at the Annual Meeting were held in strict compliance with ISMS bylaws, which provide for a single ISMS delegate from each of the three sections, including the Medical Student Section. In addition, student members may serve as delegates from county medical societies and are credentialed by the counties they represent. ISMS merely certifies those county delegates — students or otherwise — once credentialed by the county, and each delegate is entitled to vote. In contested elections, such as those this year, support or opposition for candidates is an individual and confidential matter. Therefore, it would be impossible to predetermine any delegate's favored candidates before the election.

Intercaucus agreements are drafted and revised as needed by the leaders of the Downstate and Chicago Medical Society caucuses to provide a framework for expressing consensus on resolutions and candidates. However, those agreements are not official ISMS policy and are not recognized in the Society's constitution or bylaws.

Regardless of the existence of intercaucus agreements, the ISMS bylaws and the Sturgis rules of parliamentary procedures require that nominations be open. This year, as every year, the speaker recognized the chairman of each caucus to nominate delegates for ISMS positions, and after each nomination, the speaker asked for nominations from the floor. The bylaws are very specific that if there are nominations from the floor, a secret ballot is required. Nothing in the ISMS bylaws limits a delegate to supporting the candidate of a caucus.

The discussion in Sturgis on the qualifications of nominees (p. 144) states that the qualifications for the office must be written in the bylaws and that no one without those qualifications can be a candidate. There was never a question as to the qualifications of nominees. Every nominee was a member of ISMS and resided in the district from which the nominee was to come. Therefore, the requirements of ISMS' bylaws and Sturgis were met.

The rules of the election were announced twice — by the speaker and the vice speaker — but no objections were voiced. The appropriate time and place to have raised questions was on the floor after those announcements were made.

The election process was overseen by interested

observers from each caucus. At the end of the election, the only public comments made by delegates on the floor were positive ones about the fairness of the process. Although some suggest a lack of inclusiveness within ISMS, I suggest that we stop focusing on elections held more than two months ago and start focusing on the critical challenges facing medicine today. We have made gains on tort reform, which we will have to defend. We are working to equip doctors to compete in a changing medical marketplace and participating in a CHIN, which will use the latest technology to contain costs while enhancing quality of care. And we are working to position ISMIE to serve our policyholders' changing needs.

ISMS is a professional association of physicians from all specialties, all walks of life and all areas of Illinois. We continue to encourage each and every member to lend his or her energy, experience and talent to achieving the Society's goals. Physicians should get involved in issues of concern to them. The level of our success will depend on the degree to which our members participate in the process and work together toward our common goals.

A great Illinoisan once warned his nation of the dangers of a house divided. Now more than ever, members of the house of medicine, faced as we are with unprecedented challenges and opportunities, must unite in pursuit of our common purpose: quality care for all our patients.

Conference details physician participation in CHIN

TECHNOLOGY: The new network will enhance patient care and reduce administrative hassles.

BY JANICE ROSENBERG

[CHICAGO] Physician involvement is the key to success for the new Metropolitan Chicago Community Health Information Network, according to speakers at two programs held last month during the Second Annual CHIN Summit sponsored by the Community Medical Network Society and co-hosted by the Metropolitan Chicago CHIN. Attending the four-day conference in Chicago were more than 400 people who represent the health care provider, payer, purchaser, physician and vendor communities and who are involved in establishing CHINs.

The Metro Chicago CHIN is jointly owned and governed by ISMS and the Metropolitan Chicago Healthcare Council, and it is projected to be one of the nation's largest and most comprehensive CHINs. "The Chicago CHIN is coming to life at a rapid rate," said Harold L. Jensen, MD, chairman of the Metro Chicago CHIN Board of Directors, who spoke at a June 19 seminar during the summit. "It has the potential to enhance care and reduce administrative costs and to make fundamental changes in the way we practice medicine."

Six hospitals have already been selected to participate in the demonstration project for the Metro Chicago CHIN, said Dr. Jensen. Negotiations with those hospitals

are at various stages, he noted. In addition, the CHIN board is identifying physicians for the pilot project. "Physicians are the key to the success of implementing the network. Our goal of improving health care requires their participation."

*Physicians are the key
to the success of
implementing the
network. Our goal
of improving health
care requires their
participation.*

To link up with the CHIN, physicians must have a computer in their office. Office staff members will be able to access appointment books in hospital departments and specialists' offices. Links with payers will enable physicians to determine which consultants are included in the medical panels of patients' insurance plans.

"Today, physicians are unable to access medical records in 30 percent of patient visits," said Lawrence Haspel, DO, a member of the MCHC Board of Directors and a program panelist. "That means tests are repeated, and that drives up costs. The instantaneous access to information will cut redundancies."

Potential end-users of the Metro Chicago CHIN are physicians, patients, medical students, nurses, clinical administrators and clerical personnel, Dr. Haspel said. "The CHIN provides an electronic distribution channel for the delivery of service and information. If we can streamline the care-giving process, it will allow physicians to be much more productive and to enhance their quality of care."

By the end of this year, Metro Chicago CHIN officials hope to have 500 physicians connected to the system, said ISMS President Raymond E. Hoffmann, MD, who participated in a June 20 panel discussion during the conference. "We see the CHIN as a vehicle for improving interactions with patients. The link to payers will enable physicians and their staffs to help patients understand why and when they can see a doctor and help them deal with precertification issues. Physicians and patients will know immediately if a payer has a problem with a

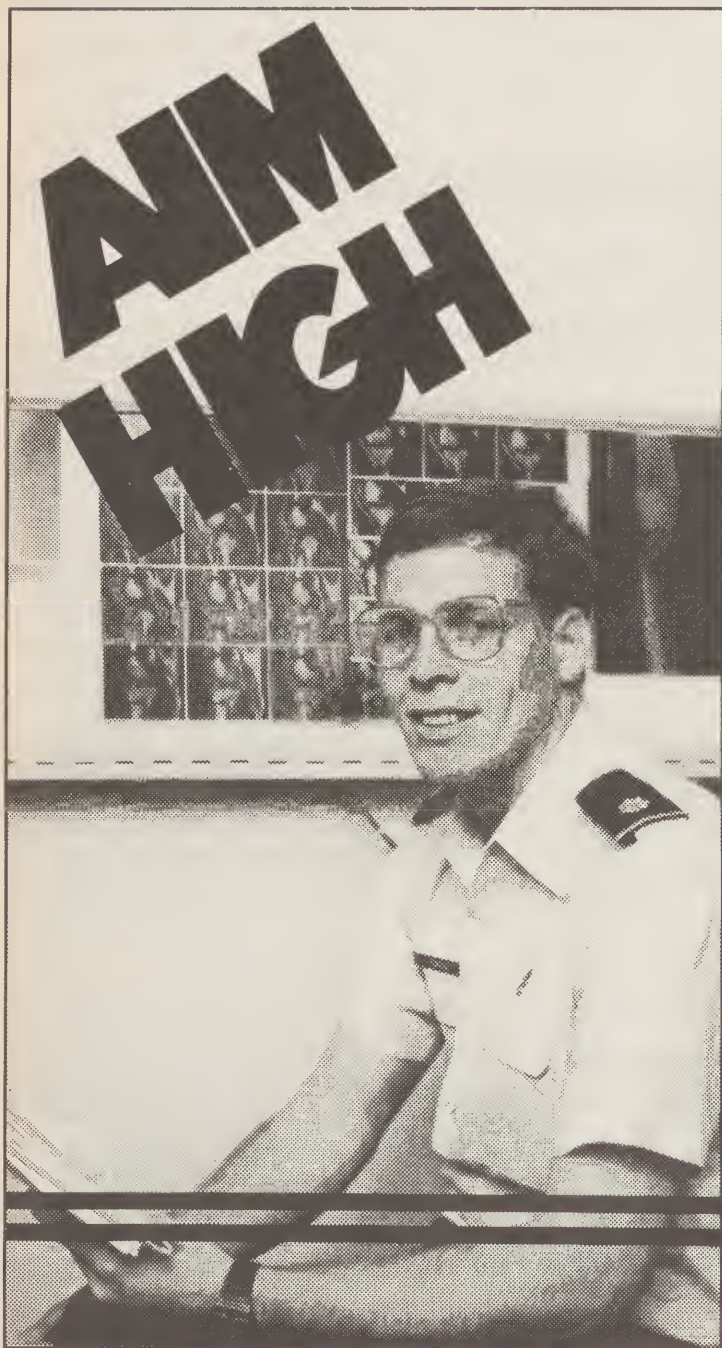


Dr. Hoffmann

referral. That will lead to improved access and quality of care."

Confidentiality issues are being addressed by a subcommittee of the CHIN board, said William Lewis, executive vice president of the Metro Chicago CHIN. In addition, a cost-benefit analysis will be conducted during the demonstration project to determine how much money network participants can save, Lewis said. The CHIN feasibility study estimated that hospitals participating in the network in Chicago's eight metropolitan counties could save up to \$140 million a year in administrative costs alone.

"We'll continue to do these analyses as we add applications," Lewis said. "The benefits will come through standardization and administrative simplification. Today, every episode of care makes reams of paper. We have to work to reverse that dynamic."



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Federal anti-fraud
project targets
Illinois

PAGE 1

ISMIE Update

Driver's
license review
law protects
physicians

PAGE 2

Most med mal claims stem from breast cancer

STUDY: PIAA research shows payouts have increased significantly in the past 10 years. BY KATHLEEN FURORE

[WASHINGTON] The cause of most medical malpractice claims against physicians is breast cancer, according to a 10-year analysis performed by the Physician Insurers Association of America's Data Sharing Project. The analysis of more than 125,000 claims and suits revealed that insurance payments related to breast cancer have increased significantly. For example, from 1985-93, the average payment for claims related to delayed diagnosis was more than \$190,000, but from June to December 1994, reported payments averaged \$307,000, according to PIAA.

Doctors should ascertain that patients understand the need for follow-up exams and tests and that related communication is documented in their records.

Using those findings as a springboard, PIAA conducted a smaller, additional study of breast cancer claims this year and found that delays in diagnosing the disease are the most common cause of litigation related to breast cancer, PIAA said. The results of both studies were released in June in conjunction with PIAA's annual meeting.

The PIAA special report focused on 487 cases that involved a delayed diagnosis and resulted in payments to patients. The main reasons for those delays included failure to suspect physical findings and to follow up promptly with the patient. Other reasons included misread mammograms, failure to perform a proper biopsy and delay in obtaining or failure to seek a consultation.

Radiologists and Ob/Gyns were most frequently named as defendants, with radiologists named in 24 percent of the suits and Ob/Gyns in 23 percent, the report said. Family physicians, internists and other specialists were also named in a high percentage of the suits studied.

The report also noted that more than 60 percent of the claimants were under 50. Breast cancer is more difficult to detect in younger women because the breast tissue is denser and this type of cancer is statistically less likely to appear in premenopausal women, PIAA said.

Data Sharing Committee. But Dr. Stanchfield stressed the importance of placing the results in context. "The 487 claims we examined represent a very small portion of the total care that physicians provide to millions of women patients. The vast majority of these women were diagnosed in a timely fashion and treated effectively."

Along with the special report, PIAA released suggestions to improve patient care and reduce liability risks. For example, physicians involved in breast

In addition, primary care physicians and Ob/Gyns should perform a thorough breast exam as part of a physical, regardless of a female patient's age or complaints. Physicians should also order additional studies to rule out malignancy if a mass is palpated or suspected and perform regular follow-up exams on patients who present with breast-related complaints. Doctors should ascertain that patients understand the need for follow-up exams and tests and that related communication is documented in their records.

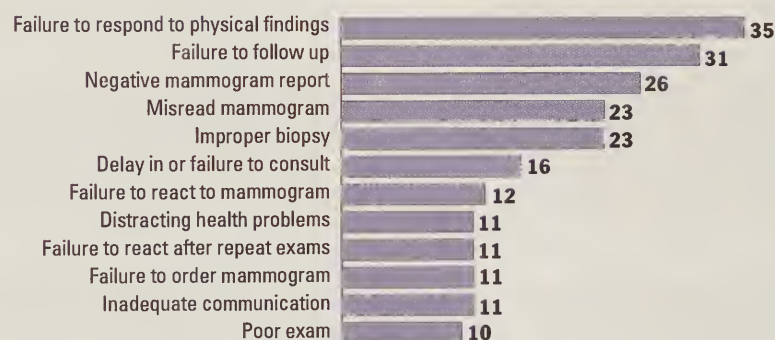
If the results are technically poor, radiologists should repeat a mammogram, and if the results are equivocal, they should recommend a repeat test, additional views and follow-up studies. In addition, radiologists should check to see that an adequate physical exam was performed and documented, according to PIAA. They should also promptly report findings to the referring physician or directly to the patient if she was self-referred.

Surgeons should always ensure the correct lesion is removed during a biopsy and report consultation and biopsy results to the referring physician, according to the PIAA recommendations.

PIAA is a national association of 50 medical malpractice insurance companies, including ISMIE, that are owned or controlled by physicians. Its Data Sharing Project is the largest source of publicly available data on malpractice claims. ■

Reasons for delay in diagnosis

(By percent of cases)



Source: PIAA Breast Cancer Study, June 1995

However, the report showed that claims filed by women under 50 accounted for more than 71 percent of the total indemnity payments made.

The study was designed to help physicians who treat female patients better recognize key factors in early breast cancer diagnosis, said John Stanchfield, MD, an internist from Utah and chairman of the PIAA

cancer diagnosis should document every patient complaint and all information about a family history of breast cancer, follow up with other physicians about test results and order a tissue diagnosis of any palpable mass that results in a negative mammogram. Diagnostic studies should not be delayed because of pregnancy, the recommendations said.

MALPRACTICE ROUNDUP

Court finds Loyola not liable

The Circuit Court of Cook County found Loyola University Medical Center and its staff not liable in a malpractice case filed by a cervical cancer patient, according to a story in the National Law Journal. However, the jury returned a \$6.1 million verdict against a subsequent treating physician who prescribed chemotherapy and radiation after diagnosing a recurrence of the disease.

One year after cancer surgery, the patient in Ivey vs. Loyola University of Chicago began experiencing discomfort. When she returned to the hospital, she was told she needed a second operation. She sought a second opinion from another physician, who

diagnosed a recurrence of her cancer and began treatment.

The woman and her husband sued when she developed an ulcer on her left buttock and suffered nerve damage that affected her ability to walk. She claimed that two sponges had been left in her body during the original surgery and that the subsequent treating physician had diagnosed the recurrence without investigating properly. The plaintiffs named the hospital, three physicians, two nurses and the subsequent treating physician as defendants in the suit.

During the trial, defense attorneys for the hospital said that no sponges had been left in the woman's body and that "she most probably had a recurrence of cancer and developed the ulcer as a result of

chemotherapy and radiation." The subsequent treating physician claimed no biopsy was required to diagnose the recurrence, the article said.

Although the defendants offered a \$7.5 million settlement, the plaintiffs' final demand was \$8 million. Because a settlement could not be reached, the case went to trial. The plaintiff asked the jury for \$18 million.

The jury found against the subsequent treating physician and awarded \$6 million to the woman and \$100,000 to her husband for loss of consortium. The plaintiffs will not collect the full \$6.1 million award because they agreed not to collect any amount that exceeded the physician's \$1 million in insurance coverage. Post-trial motions are pending. ■



"I have a very select practice."

DR. ARTHUR WILLIAMS, DIRECTOR OF HEALTH SERVICES
SOUTHSIDE HEALTHCARE, INC., ATLANTA, GA

Dr. Williams doesn't see just anyone.
Only those who need him most.

As director of health services at Southside Healthcare, one of the nation's five largest community health centers, Dr. Williams oversees a team of health care professionals that managed 153,000 patient visits last year.

Dr. Williams' career reflects his commitment. He worked as a pharmacist, then went back to school and earned his MD. He paid for medical school by committing to work three years at a community health center — Southside. Nine years later, he's still there, still giving.

The **Sharing the Care** program donates Pfizer's full line of single-source pharmaceuticals to medically uninsured, low-income patients of federally qualified centers like Southside, in support of those who, like Dr. Williams, are part of the cure.

Sharing the Care: A Pharmaceuticals Access Program is a joint effort of the National Governors' Association, the National Association of Community Health Centers and Pfizer.



We're part of the cure.

TECHNOLOGY

Telemedicine goes on-line

Patients link with physicians to gain access to sophisticated medical care.

BY MINDY S. KOLOF



Matt Ferguson

Five-year-old Falin Hinshaw watches as images of her heart are transmitted for examination by physicians at another hospital.

Although she undoubtedly would have preferred to be playing dolls at her regular day care center on a rainy day in May, 5-year-old Falin Hinshaw instead participated in one of the latest advances in medical technology – telemedicine. The echocardiogram she received at Copley Memorial Hospital in Aurora was transmitted to Chicago for interpretation by specialists at Rush-Presbyterian-St. Luke's Medical Center.

Barbara Santucci, MD, a pediatric cardiologist, viewed the images as they appeared on her screen at Rush and relayed instructions back to cardiovascular technician Mike Fischer at Copley. The images are "exactly what I'd see had [the test] been done in my office," said Dr. Santucci.

The process of sending the images is highly advanced but simple to understand. Using a special camera, the images are digitally compressed at Copley and transmitted over a phone line to Rush a quarter of a second later, at which point they are decompressed.

Trained technicians direct the process at each site, communicating with one another continually throughout the procedure. Information equivalent to eight full floppy computer disks can be transmitted this way in "real time."

"It's as if we were standing over their shoulder," said Anthony Cutilletta, MD, director of pediatric cardiology at Rush Children's Hospital and founder of the facility's telemedicine program. "We can tell the technician to adjust the transducer, obtain views of specific areas – all for patients who may live 50 miles away from our facility."

Telemedicine is being used as a screening and diagnostic tool at Copley, Dr. Cutilletta said. "We can identify cardiac abnormalities as well as diagnose problems that must be taken care of immediately."

The test performed on Hinshaw was routine. Her doctor recommended the test after a heart murmur was discovered during her prekindergarten physical examination. The physician wanted to determine if a small opening in the chambers or valves of her heart

(Continued on page 10)

Telemedicine

(Continued from page 9)

was causing the murmur. During the test, the physicians checked for holes, leaky valves and signs of improper blood circulation. "With adult heart problems, you can assume no congenital origins, but with a child, you're looking for anything and everything," said Fischer.

After some initial panic, Hinshaw became fascinated by the procedure, looking at the television screen above her head and asking, "Is that my heart murmur?" Her mother, Ann, a pediatric nurse at Copley, sat by her side, watching as her daughter's mitral valves, left and right ventricles and other valves and chambers appeared and were assessed.

The only snag in the 30-minute procedure occurred about halfway through, when Fischer's phone line was disconnected. After a swift redial, Fischer was reconnected with chief technician John Bokowski at Rush, and the procedure continued without incident.

Hinshaw's test had a happy ending: The doctors found no abnormalities. After the test was completed, she and her mother left to buy a new doll. Hinshaw's follow-up care will be handled by her referring physician, who received a copy of the test immediately.

"I'd seen [telemedicine] done before and thought it would be a great convenience to have the test done here at Copley," said Ann Hinshaw. Before Copley's program was up and running, the

options for having her daughter tested would have been more limited — either wait for Dr. Santucci's once-a-month visit to Copley or take her daughter to Chicago to have the test performed at Rush.

Dr. Cutilletta compared the process used in telemedicine with the one used by paramedics calling a hospital for instructions at an accident scene. "It's

It's not only more convenient for the patient, who doesn't have to travel long distances, but results in better, more immediate care.

not only more convenient for the patient, who doesn't have to travel long distances, but results in better, more immediate care."

As an example of life before telemedicine, Dr. Cutilletta cited the case of an infant who was born with a cardiac problem at Saint Therese Medical Center in Waukegan. Physicians at Rush had to send a technician to Waukegan to

perform an echocardiogram and then transport the patient by helicopter to Chicago. The process took nine hours, explained Dr. Cutilletta. "If we had had telemedicine available at the time, we would have been able to run the echocardiogram within 45 minutes, spotting the problem right away. While the study was being completed, we could already have been on our way to pick up the baby."

Since Copley's program began in early spring, about a dozen pediatric cardiology tests have been performed. They include procedures on Dr. Cutilletta's first telemedicine patient, a 3-year-old boy from Bristol, who underwent two heart surgeries at Rush, and a 10-month-old Naperville girl born with a heart murmur caused by abnormal fibers in one of her ventricles.

Dr. Cutilletta anticipates telemedicine applications beyond pediatric cardiology. For example, Ob/Gyns could direct level-two ultrasounds by phone, he said.

Although the possibilities for telemedicine use are varied, such projects are still fairly rare in the United States, according to Financial Times. The newspaper reports that nearly 50 projects are currently under way, compared with the four programs that were in place four years ago.

BESIDES IMPROVING ACCESS, telemedicine will help control medical costs, supporters say. Widespread use could save the U.S. health industry as much as \$36 billion annually, according to a study

conducted by the consulting firm Arthur D. Little. However, many potential uses for telemedicine may be undeveloped because Medicare and Medicaid do not yet reimburse for such services. Officials of the U.S. Health Care Financing Administration are not convinced of telemedicine's advantages, according to a report in the Boston Globe.

But many physicians believe the benefits are worthwhile. "Telemedicine can decrease the time between the onset of a problem and the treatment," said Michael Caputo, MD, of Dartmouth University.

And speeding up treatment through telemedicine will especially help rural patients, many of whom face access barriers. Often, they must be referred to specialists in metropolitan areas far from their homes, said Carl Getto, MD, dean and provost of the Southern Illinois University School of Medicine. With telemedicine, patients can stay at local hospitals while their physicians can obtain ready access to consulting specialists, Dr. Getto explained. Telemedicine is an "exciting technology," he added.

Currently, SIU is establishing a network with Ameritech that will connect the school's medical facilities in Springfield and Carbondale. The project should be operational this fall. "The network will strengthen our ability to provide continuing education to the physicians in communities outside of Springfield," said Dr. Getto. Ultimately, the network will link primary care providers throughout rural Illinois, he added. ■

HOOVER & BRASELTON

ATTORNEYS AT LAW

20 North Clark Street
Suite 3600
Chicago, IL 60602
312-759-3907

Sam Hoover, MD, JD

Debra Braselton, RN, JD

Thomas J. Keever, JD

PRIVATE COUNSEL FOR:

LICENSURE PROBLEMS

CONTRACT NEGOTIATIONS

PARTNERSHIPS AND CORPORATIONS

PRIVILEGES DISPUTES

MEDICARE, MEDICAID AND INSURANCE

FRAUD ALLEGATIONS

MALPRACTICE ACTIONS

AND OTHER HEALTH LAW ISSUES

HMO

MEDICAL DIRECTOR

Community Health Plan is a non-profit community owned HMO, being developed throughout Northwest MO. We currently seek a half-time Medical Director. If you can continue to practice half-time and have managed care administrative background (prefer HMO management experience), you should consider Community Health Plan in St. Joseph, MO. Use your extensive communication, leadership, and clinical skills. This position is responsible for the day-to-day clinical review activities of the Plan, medical care delivery model development, chairing several physician committees, and assisting our providers in our communities with education and support for our managed care activities.

Send resume to **Community Health Plan, 5301 Faraon, St. Joseph, MO 64506, Attn: Joan Copeland** or call 800-990-9247.

**Heartland
Health System**

EOE

Panel addresses marketplace changes

FORUM: Physicians discuss challenges of maintaining quality care in the emerging delivery system. BY MARY NOLAN

[ROSEMONT] During the annual meeting of Physicians for a National Health Program in May, a panel discussion addressed issues related to the changing health care environment. The panelists discussed topics such as for-profit health care delivery, patients' access to specialists and single-payer health care systems.

"I'm not here to attack the Canadian system," said panelist Richard Corlin, MD, vice speaker of the AMA House of Delegates. "But, I don't think that we can pick and choose this and that [aspect of the system to implement]. We must highlight all aspects of that system." The AMA opposes implementation of a single-payer plan.

Currently, insurance companies and HMOs are acting as "premium collectors that collect [their] profits from the first day." Unless the insurance companies soften up and accept reform, the U.S. health care system could turn into a single-payer, tax-based system in which such companies act as intermediaries, Dr. Corlin predicted. "That is my greatest fear."

More acceptable solutions are urging the Federal Trade Commission to concentrate on regulating health care buyers that control the market and prodding medical associations to control health care policies, he said.

Everyone is looking for the "magic bullet that is painless" to improve the health care system and reduce costs, said Dr. Corlin. "More and more hospitals are charging less and making more money. This is not good public policy."

As an example, he cited Columbia/HCA, a for-profit company that owns one-quarter of Florida's hospitals and recently announced plans to move into the Massachusetts health care market.

During the past year, Columbia has purchased hospitals in Chicago and Denver. Most recently, the company acquired LaGrange Memorial Health System. Dr. Corlin stressed that not all health care corporations should be not-for-profit organizations. "[But] HMOs are overwhelming the health care market, [so] we need to back up and ask ourselves why should a company make money on delivering health care. Some do deserve a return but only if they add value to the system."

However, panelist Quentin Young, MD, national coordinator of PNHP, called for a prohibition on health care delivery systems administered by for-profit organizations. Dr. Young replaced Andrew Hedberg, MD, a governor of the American College of Physicians, on the panel.

"Patients are out of the loop, and as specialists we're concerned [about] being out of the loop as well," said David Murray, MD, immediate-past chairman of the American College of Surgeons' Board of Regents. "We depend on patients coming to us, and in turn we provide them with good care."

This system may have worked well in the past, but today's marketplace is presenting physicians with significant changes in health care delivery, Dr. Murray said. The system is more focused on economics, and many specialists are being locked out, he added.

Instead of relying on political maneuvering, ACS is establishing medical education programs that will help physicians cope in the emerging marketplace. "Some may view this as a defeatist attitude, but as physicians we're not educated in corporate management." ■

Physicians urge veto

(Continued from page 1)

from the bill. "I was really surprised at how anxious my patients were."

Other ophthalmologists have found their patients just as eager to help. For instance, Gary Rubin, MD, of Chicago, said his patients, especially those he has treated for glaucoma, are very willing to write letters once they learn that optometrists would be able to treat patients with conditions like theirs without receiving further education. "They think it's absurd and dangerous for optometrists to treat glaucoma."

Many of the letters have also indicated that expanding optometrists' scope of practice will not reduce health care costs. Dr. Ross said that has already been proved in 40 other states with laws allowing optometrists to treat patients with therapeutic drugs. "I had an optometrist friend who moved to Texas, where he could practice with only two weeks of training," she noted. If the governor does sign the bill, Illinois will become the 45th state to allow optometrists to prescribe and administer therapeutic drugs.

ISMS also urged the governor to veto the bill. "This legislation authorizes optometrists to practice medicine by

allowing them to diagnose and treat eye diseases," said ISMS Board Chairman Ronald G. Welch, MD, in a letter to Edgar. Although the legislation grants optometrists the authority to treat patients, it does not require the necessary level of medical education to do so, Dr. Welch noted. "Optometrists clearly lack the extensive medical education, training and experience to diagnose and treat eye disease."

Dr. Welch dismissed as specious bill supporters' arguments that a decrease in medical educational standards is necessary to improve access to eye care. "Even in rural areas of our state [where there is] a shortage of ophthalmology specialists, fully licensed primary care physicians are available and well-qualified to treat such medical conditions and, when warranted, initiate quick referral to specialty care."

In addition, Dr. Welch cited a comprehensive five-year study of Medicare claims data that showed that payments to optometrists in states allowing them to treat eye disease increased more than twice as fast as charges by ophthalmologists. "Payments to optometrists for tests went up at quadruple the rate of [payment for] ophthalmologists' testing."

As Illinois Medicine went to press, no action had yet been taken on the bill. ■

Anti-fraud project

(Continued from page 1)

uncovered such fraudulent cases as a speech therapist who billed for services supposedly rendered to a comatose patient, said Noble. In another case, a company gave free milk to residents of a Florida senior citizens complex, then billed Medicare \$1,700 per month per patient for home infusion nutritional supplements. "One patient called the Medicare contractor in Florida saying she appreciated the milk but that much of it was going to waste. That prompted an investigation. It ended up being a \$2 million case, and a number of people went to jail."

Operation Restore Trust also is targeting durable medical equipment suppliers. "There are some real stinkers" in the industry who will give patients equipment and represent it as a free gift from the government, Noble said. "They say, 'All we need is your Medicare number.' And they'll get a doctor's name if it's something that needs medical certification. Then they'll try to browbeat the physician into certifying the [need for] the equipment. We've even had some suppliers who threatened doctors with lawsuits on the patient's behalf."

Although individual physicians are not the targets of this government initiative, they should keep in mind that they are ultimately responsible for any treatment, service or medical equipment ordered for their patients, said John Schneider, MD, chairman of ISMS' Third Party Payment Processes Committee. "Physicians who through oversight or error

have done something wrong are not who [the government investigators] are after," he explained.

Dr. Schneider advised physicians who are heavily involved with nursing homes, home health patients or durable medical equipment suppliers to pay close attention to those relationships to make sure they are not being misled.

"If a supplier approaches you and says he wants you to sign something, don't take what I call the chicken-soup approach that it can't hurt," Noble said. "Ask, 'Can it help?' Medicare sees physicians as gatekeepers, and orders must be based on a physician's certification of medical necessity or appropriateness." Most schemes revolve around the use of a doctor's name, which can damage his or her credibility if that name is used to obtain unnecessary benefits or services, Noble stressed.

In addition to identifying and penalizing those who willingly defraud the government, Operation Restore Trust investigators will work with providers who have erred unknowingly. Medicare and Medicaid, for example, will educate providers who have been completing paperwork improperly "not because of evil intent but because they don't understand how to do it [correctly]," Noble explained. "We'll educate them, give them a chance to repay and then monitor them to make sure they know how to do it right."

Physicians who need more information about Medicare audit review programs may contact ISMS' economics department at (312) 782-1654 or (800) 782-ISMS. ■

The Verdict Could Wipe You Out!

Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly one-half (47%) were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (APT) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an APT and its many legal advantages, call the offices of Robert D. Gillen at (708) 420-7300 today. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

Don't let a lawsuit wipe out a lifetime of work. Call today.

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

BC/BE family practitioners: Residency-trained, full-time position – house physician. Competitive salary with full benefits. Available July 1. Send CV to Claire Burman, Grant Hospital, 550 W. Webster, Chicago, IL 60614; fax (312) 883-3865 or call (312) 883-3652.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Brian, (800) 334-6407.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Immediate opportunities for primary care physicians at Ohio correctional facilities. Several locations in central and southern Ohio available. We will assist you in obtaining an Ohio license if needed. Malpractice coverage available. Contact in confidence Annashae Corp., (800) 245-2662.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

PGY-II position available in an innovative family practice residency program with rural training option. Two-hundred-fifty-bed tertiary care hospital, 4/4/4 program, strong outpatient experience. Contact Carle Foundation Family Practice Residency, David L. Whitehill, MD, director, (217) 383-3302.

Physicians: All specialties, residents welcome. Flexible full/part-time MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp., (800) 245-2662.

Robinson, Illinois – Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: gerontology, family medicine and internal medicine. Prefer board-certified. Positions are available full time and part time. Competitive salary. Please mail CV to Larry Kaskel, MD, Home Physicians Inc., 1735 N. Ashland, Suite 301, Chicago, IL 60622; phone (312) 292-4800 or fax (312) 384-7053.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and saving plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, outpatient psychiatry, orthopedic surgery, dermatology and emergency medicine. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Morrison, Illinois – Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Internist – Downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

Family practitioner/internal medicine: Edgewater Medical Center is seeking a physician to perform physicals, take patient histories and assist with employee health service. Submit CV to Mike Naiman, Edgewater Medical Center, 5700 N. Ashland Ave., Chicago, IL 60660. EOE

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414)544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800)326-2011, ext. 4700, for practice profile.



Occupational Medicine/Illinois: The Center for Occupational Health at Saint Francis Medical Center, Peoria, seeks a family practice, internal medicine, or occupational medicine physician to provide patient care in its occupational health center. This growing occupational medicine program offers a full range of services, including pre-placement physicals, medical surveillance exams, work hardening program, wellness program, industrial hygiene and rehabilitation.

Currently two board certified physicians and support staff of nurses and occupational health technicians provide care for 60 client companies with more than 12,000 employees. This progressive program is growing steadily, as it provides for the occupational health needs of North Central Illinois.

Saint Francis Medical Center, 750 beds, is the major healthcare provider for the Peoria metropolitan area, population 250,000. The position offers regular hours and excellent compensation and benefits.

Peoria, a historic community on the Illinois River, has an excellent mix of prosperous business and industry. There are many options for education, recreation and culture.

Contact:

Dawn Hamman
Saint Francis, Inc.
4541 N. Prospect, Suite 400
Peoria, Illinois 61614
Phone: 800-438-3740; Fax: 309-685-2574

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

International medical graduate with USMLE parts I and II seeks residency training PGY I in family practice, internal medicine and transitional for 1995. Please contact Carolina Ocampo at work, (708) 490-0600, or at home, (708) 359-5354.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club - prime location, corner of Rt. 59 and 83rd St., 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible - 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Please send replies to Box 2278, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. We will respond immediately.

Miscellaneous

Transcription service: 9.5 cents per line, phone-in dictation, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Expand your patient base! Specialists and physician groups, we can help you attract new patients, develop relationships with managed care providers, obtain referrals from primary care physicians and increase patient satisfaction. Using our staff of marketing experts, graphic designers and medical consultants, we develop marketing strategies to meet your objectives. We also write, design and target market your professional brochures, newspaper advertisements, direct mail flyers, newsletters and patient education handouts. Call Mary Benson at Target Market Communications Inc., (708) 747-7701, for initial consultation.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing - a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Free...Newsletter for retired physicians. We're about to publish a newsletter specifically for retired physicians. It will feature reviews of clinical studies from major journals including the New England Journal of Medicine and JAMA. We'll also report on pharmaceutical developments, government health care incentives, upcoming meetings and more. This is a first and represents a unique opportunity for you. We're offering a complimentary subscription in exchange for your help in completing a brief, prelaunch questionnaire. Simply send us your name and address; we'll forward the questionnaire to you by return mail. InfoMedic, P.O. Box 175, Prospect Heights, IL 60070.

TIME FOR A MOVE? IM (general), FP, PEDS

OUR PROMISE

We'll save your valuable time by calling every hospital, group, recruiter, and ad in your desired market. You'll know every job available within 20 days.

"I've been in practice for 12 years and talked to a lot of recruiters. The Curare Group is by far the most professional and reliable firm. They really know the markets so you can rely on their advice."

Jeffrey W. Ellis, M.D.
Atlanta, GA



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

NEW OPENINGS DAILY!



The
Curare
Group, Inc.

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?



Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Woman and minority candidates are encouraged to apply.

Humana®
Health Care Plans

Interested? Address your inquiries to:

Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 2555 King Drive, Chicago 60616.

Or call 312.808.4551, or fax 312.842.2496.

Consultant referral

(Continued from page 1)

Although the practice did not hire a consultant, Dr. Robb said he and his partners were very satisfied with the service they received. "The advice we got [from contacting the Consultant Referral Service] was sufficient enough that we didn't need [to hire] a consultant. It helped us get where we wanted to go." The Consultant Referral Service offered worthwhile advice, Dr. Robb said, adding that he would use it again if the need arose.

Several physicians facing contracting issues have been referred to Jack Hill, an

ISMS referral service participant and CEO of Health Resource Organization Inc. in Wheaton. "One physician group sent me its managed care contracts to review so I could help them develop specifics on how to negotiate [better] with HMOs and PPOs," Hill explained. "They wanted to compare their contracts to the norms of the market and be able to validate or not the capitation arrangements being proposed."

With the consultant's input, the group was able to negotiate improved rates. "Previously, they had only the contracts they were involved in to base rates on. Normally, we give them a range of fees and suggest rates they should work

toward," he noted.

More and more physicians are contacting consultants for information to help them decide whether to join a PHO or form their own physician organization, the consultants said. "We're getting a lot of calls lately from people who want to know if it's advantageous to join an existing organization or if they should help spearhead efforts to form one of their own," Gorey said.

In one case, a physician sought Gorey's advice because he thought doctors were inadequately represented in a medical center's efforts to implement more managed care contracting. "There already was doctor participation, but the

center decided how the doctors should be structured and represented. The physicians wanted to know if they should organize themselves so they could participate in this PHO-type effort. They wanted to better ensure that their interests were spoken for in the center's contracting efforts."

Gorey said he helped the physicians analyze their goals and develop an organization and strategies for dealing with the medical center and managed care.

Hill, too, has counseled physicians about affiliation issues. "The viability of PHOs is a problem, because if a PHO fails, doctors are left holding the bag on the money they couldn't collect."

The consultants have even helped physicians form an IPA. "We put together the contracts and stock certificates, incorporated them and helped them develop a marketing plan to other doctors," Hill said.

Improving practice profitability is another service consultants can provide, said David Pflieger, an ISMS referral service participant and a partner in Thornton Pflieger in Chicago. Such assistance is becoming more important because of the cost-conscious nature of managed care organizations, he noted.

"Typically, doctors are not business people. They're not in the profession to make money. Most are men and women who really like to take care of people. So they ignore the business part of the practice until they're forced to the wall," Pflieger explained. "But now, doctors are being pushed to cut fees. And they're asking, 'How am I going to do that and keep my income constant and my patient outcome high?'"

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program

- Health Care
- Dental
- Life

The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details
 **(800) 621-0748**

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by

Chicago Medical Society &
Illinois State Medical Society



PBT Physicians' Benefits Trust

Consultants can help physicians evaluate the nonclinical aspects of their practice and, in the process, improve their bottom line.

To accomplish that, consultants can help physicians evaluate the nonclinical aspects of their practice and, in the process, improve their bottom line, Pflieger said. "A lot of successful doctors waste a lot of money through inefficiency. Most of them can benefit from a brushup on ways to improve efficiency and customer service."

In one practice, for example, the secretary faxed documents incorrectly, Pflieger explained. "She was faxing the back side of the page. It sounds trivial, but it all adds up. There are a lot of things in the way offices are run that impact patient satisfaction and expenses. And if you don't pay enough attention to front-office stuff, you leave a lot of money on the table."

Pflieger said consultants can analyze practices and show physicians how to realize administrative savings and still maintain quality patient care. "Our goal is to simultaneously improve outcomes while lowering costs and improving customer service."

ISMS members may contact the Society's Consultant Referral Service for help on issues related to managed care and practice management. To obtain a referral, call (800) MD-ASIST. ■



THIS IS HOW SOME COMPANIES FEEL

ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“A patient who I
thought trusted me
sued me for malpractice.
Thank goodness I learned
to be as meticulous
with my **pen** as I was
with my scalpel.”



Poor record-keeping loses more cases than bad medicine. That's one reason why the Illinois State Medical Inter-Insurance Exchange offers intensive risk management and loss-prevention programs. They're part of what we call Physician-First Service. To help you survive in a litigious society, ISMIE arms you with what you need. Like seminars on improving documentation. Mock trial video tapes. And workshops tailored specifically for you and your staff. As your insurer, ISMIE protects you. But we also teach you to protect yourself.

Call 1-800-782-4767 for a Risk Management Resources brochure.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

W1 IL417L
V.7 NO.15 1995
C.D1-----SEQ: SR0063601
TI: ILLINOIS MEDICINE

08/09/95

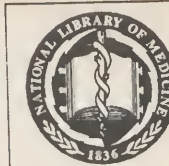


Back to school

PAGE 7

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • JULY 28 1995



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

O'Hare clinic

PAGE 2

OLG sets fines for lab self-referrals

FINAL RULE: The government implements civil financial penalties.

BY KATHLEEN FUREORE

[WASHINGTON] The federal government has enacted civil fines for physicians who refer Medicare and Medicaid patients to entities with which they or their immediate family members have financial relationships, according to the Office of Inspector General of the Department of Health and Human Services. The fines were published as a final rule in the Federal Register.

But the U.S. Health Care Financing Administration has not yet published final rules outlining exactly what actions would be subject to the fines. That's why physicians must be wary of any referrals they make to labs in which they have a financial interest, said Tom Conley, an attorney at Burditt & Radzins in Chicago. "[HCFA officials] have told everyone they're not waiting for the regulations - that they will still be enforcing the law as

(Continued on page 10)

INSIDE

Gender affects mortality

PAGE 2

Study shows racial differences in calcium absorption

PAGE 2

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update6

Classifieds8

AMA adopts Illinois resolutions

ANNUAL MEETING: ISMS measures fare well. BY MARY NOLAN

[CHICAGO] The majority of resolutions submitted by the ISMS delegation for consideration during the 1995 AMA Annual Meeting were adopted. Of the 16 ISMS-prompted resolutions discussed, 12 were adopted as submitted or as a substitute version.

ABORTION TRAINING

Delegates did not adopt an Illinois measure that called for the AMA to ask the Accreditation Council for Graduate Medical Education to review and modify its recently adopted policy requiring Ob/Gyn residency training programs to provide alternative experiences in abortion training if those programs did not include such training on moral, ethical or legal grounds.

ANTITRUST RELIEF

Delegates approved an ISMS resolution that would promote legislation to expand antitrust protections so that physicians can compete in the marketplace and still advocate for their patients.

CLIA

In lieu of an ISMS resolution to repeal the Clinical Laboratory Improvement Amendments of 1988, delegates approved a measure exempting physician office laboratories from CLIA compliance. The measure also calls for the creation of a card physicians can give their patients to express support for federal legislation that would spare physician offices from CLIA regulation.

COBRA REGULATIONS

The HOD accepted as a reaffirmation of existing policy an Illinois resolution requiring managed care organizations to arrange emergency medical care for enrolled patients 24 hours a day, seven days a week. According to the resolution, patients should be able to receive care from technicians without incurring a monetary penalty.

COST-SHIFTING BY HOS
Delegates adoptec



William McDade, MD (left), and Neil Winston, MD, on the AMA house floor.

resolution aimed at curbing abuses in hospital billing for outpatient surgery. The original Illinois measure suggested that the AMA ask the AHA to investigate those practices. It also recommended that the AMA educate physicians about the potential for such abusive charges. Physician testimony on the house floor noted that the exorbitant charges by hospitals reflect poorly on physicians. The substitute resolution asks appropriate regulatory agencies and the AHA to investigate excessive or abusive charges and distribute the results to physicians.

HCFA

Highlighting the need to cut bureaucracy and waste, delegates referred to the Board of Trustees an Illinois resolution calling for HCFA to be abolished. The resolution contends that HCFA's administration of Medicare has demeaned physicians. Moreover, the agency is costly and could be eliminated.

MANAGED CARE EDUCATION

Delegates adopted a substitute version of an Illinois resolution asking the AMA to study and make available information on

the advantages and disadvantages of managed care. The Illinois measure called for AMA advocacy to emphasize professionalism, patient and physician autonomy, patient and physician rights, and practical assistance to doctors. Testifying for the resolution, ISMS President Raymond E. Hoffmann, MD, said the managed care industry has become very profitable, which has had a dangerous effect on patients and physicians. "The economic tables are tilted by big business and government in favor of managed care programs and against physicians in private practice." The substitute resolution recommends an AMA study.

MANAGED CARE INSURANCE

The HOD adopted an ISMS resolution directing the AMA to support malpractice insurance liability limits set by managed care plans only if those limits are approved by physicians enrolled in the plans. Physicians must have a voice in any decision made by managed care entities that involves setting limits for liability coverage, and doctors must be able to maintain some control over their

(Continued on page 3)

Northwestern's cancer center joins national network

COST-EFFECTIVENESS: Hospital group says it will offer high-quality treatment in a managed care environment. BY MARY NOLAN

[NEW YORK] Northwestern University's Robert H. Lurie Cancer Center has joined 12

other leading U.S. cancer treatment and research facilities in forming the National Comprehensive Cancer Network. The affiliation marks the first time that nationally recognized institutions will combine efforts to establish standards and guidelines for managing cancer care,

according to information from Northwestern.

Other network participants include Memorial

Sloan-Kettering Cancer Center in New York, Dana-Farber Cancer Center in Boston, Johns Hopkins Oncology Center in Baltimore and Stanford University Medical Center in Palo Alto, Calif.

"With all the changes occurring in health care,

(Continued on page 8)

MANAGED CARE

002 1101 3 DIGIT 200 *****
0719 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20014

Study shows racial differences in calcium absorption

[HOUSTON] African-American girls absorb calcium more efficiently and form new bone more quickly than their Caucasian counterparts, according to a study released by the U.S. Department of Agriculture's Children's Nutrition Research Center at the Baylor College of Medicine. The difference could explain why African-American women are less likely to suffer from osteoporosis than are Caucasian women, said Steven Abrams, MD, an assistant professor of pediatrics at Baylor. "The development of strong bones may be a good

defense against osteoporosis," he said.

The study tracked 38 African-American and 51 Caucasian girls ages 5 to 16. The results revealed that racial differences in calcium absorption depended, in part, on the girls' developmental stage, according to information from Baylor.

"The greatest differences in absorption rates were noted after the onset of puberty," Dr. Abrams explained. However, African-American girls consistently demonstrated greater bone-forming activity throughout childhood and adolescence, the study noted.

Identifying differences in calcium absorption could ultimately help researchers and physicians determine dietary guidelines and evaluate treatments to increase bone mass, Dr. Abrams said. "Currently, we have a one-size-fits-all calcium recommendation. This information is helping us understand that there may need to be differences in calcium recommendations for some individuals or particular groups."

A National Institutes of Health panel recently recommended that children ages 6 to 10 eat three to four servings of calcium-rich foods daily. At age 11, their intake of foods high in calcium should increase to four or five servings, the Baylor information said. ■

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital
 **Advocate**

Gender affects mortality

[CHICAGO] HIV-infected women are likely to die sooner than infected males, said a study coauthored by Renslow Sherer, MD, director of Cook County Hospital's HIV Center.

The study tracked 768 women and 3,779 men enrolled in clinical trials at a community-based medical center between 1990 and 1993. Females had a worse survival rate, even though disease progression rates did not differ significantly between men and women.

Although the study did not track causes of death, the findings implied that some HIV-infected women died from causes not directly related to HIV or AIDS, Dr. Sherer noted. "We did a follow-up study at Cook County and looked at our first 141 women's deaths. Twenty percent were unrelated to HIV. They were caused by drug overdoses,

medical complications of drug use and domestic violence. That gave us even more evidence that HIV is harder on and worse in women because of the social implications of the disease.

"The striking finding was that we showed women had a 30-percent greater likelihood of death [than men] at the same disease stage," Dr. Sherer explained. "But we also found that HIV behaves similarly biologically in men and women."

The latter finding is "good support for using the same treatments on [HIV-infected] men and women," he said.

The findings are especially important for physicians as the number of HIV-infected females continues to rise. The incidence of AIDS among women increased 20-fold between 1981 and 1990, and women and their infected children are the fastest-growing group of newly diagnosed cases, the study said. ■

City OKs O'Hare clinic

[CHICAGO] The Chicago City Council in May passed an ordinance establishing a full-service health care facility for O'Hare International Airport. The University of Illinois at Chicago Medical Center will operate the center, which will serve travelers and airport employees, according to Chicago Mayor Richard M. Daley. The facility is scheduled to open this fall.

"The availability of comprehensive health care enhances the many convenient services already provided at the world's best and busiest airport,"

Daley said.

Staff from the UIC Medical Center will provide advanced first aid for travelers and will stabilize and treat conditions needing medical attention, said information from the mayor's office. The facility also will offer urgent and primary care for airport employees, handle workers' compensation cases and conduct federally required drug and alcohol tests. Two UIC faculty physicians – as well as residents, X-ray technicians, nurses and administrative support personnel – will staff the center, a UIC spokesperson said.

UIC officials estimate that the O'Hare clinic will handle 5,000 patient visits during its first year of operation and that the number of visits will increase significantly later. More than 200,000 people pass through the airport daily, and about 50,000 people work there, according to information from UIC.

"Creating a medical facility at O'Hare International Airport presents a terrific opportunity for the UIC Medical Center to increase its visibility and services to the region," said R.K. Dieter Haussmann, MD, UIC vice chancellor for health services. ■

Governor signs S.B. 185

[SPRINGFIELD] Despite the objections of ISMS and the Illinois Association of Ophthalmology, Gov. Jim Edgar signed S.B. 185 on July 14, giving optometrists the authority to administer and prescribe therapeutic drugs. Illinois is the 45th state to expand the scope of practice for optometrists in this way. Illinois physicians opposed the measure because it allows optometrists to treat eye diseases without requiring those practitioners to obtain additional training. ■

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 15, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

AMA

(Continued from page 1)

practice structures, Illinois doctors said.

MEDICARE LIMITING CHARGES

Delegates amended and subsequently adopted an Illinois resolution requiring Medicare to eliminate price and regulatory controls on charges and payments, such as limiting charges for physicians' services. Such controls would be replaced by a competitive pricing system through which physicians would set and disclose to patients their own fees or RBRVS conversion factor, according to the measure. In addition, the measure calls for the Medicare RBRVS conversion factor to address budgetary and access considerations.

MEDICATION SCORING

According to another ISMS-sponsored resolution adopted by the HOD, the AMA should recommend to pharmaceutical manufacturers that drug tablets be scored on both sides when appropriate. Since patients are often instructed to take half a tablet of prescribed medication, drugs must be manufactured so that they can be divided more easily and without fragmenting, the resolution said.

MENTAL HEALTH CARVE-OUTS

An Illinois resolution that was referred to the Board of Trustees urges the AMA to oppose insurance company carve-outs of mental health services and specialty-specific payment rules that exclude primary care physicians from payment for psychiatric care. The measure asks the AMA to introduce federal legislation requiring insurance companies to tell their insureds about the use of mental health carve-out companies.

During reference committee debate, physicians testified about the insurance company practice of removing primary care physicians from the decision-making process for what the plans consider to be mental health services. Representatives from the AMA Council on Medical Service noted that this issue is being reviewed by the AMA and that independent studies are being developed by outside foundations and organizations. Those study results should provide the necessary evidence about the pros and cons of carve-out programs treating behavioral disorders.

OSHA

By a close voice vote, delegates approved a substitute version of an ISMS-sponsored resolution calling for the AMA to work to eliminate OSHA's oversight of physicians' offices. The substitute resolution advocates changes in OSHA regulations and enforcement to encourage cooperation and education in solving workplace safety problems.

PHYSICIAN PROFILING

After being extracted from the consent calendar, an ISMS resolution requiring that physician credentialing be based on medical competence, not economic criteria, was approved by delegates. The resolution directs the AMA to oppose the use of physician profiling data for economic credentialing.

RURAL HEALTH CENTERS

The HOD approved an ISMS resolution addressing payment for physician services in rural areas. Incorporated into a series of related recommendations from

the AMA Council on Medical Service, the resolution directs the AMA to work with HCFA to develop a Medicare and Medicaid cost-based reimbursement program for physicians who practice in medically underserved areas.

On the floor, Illinois physicians testified that physicians whose offices are not certified as federal Rural Health Centers or who are not affiliated with a Federally Qualified Health Center are reimbursed according to the Medicare fee schedule, which places them at an economic disadvantage if they practice in rural or underserved areas. An amendment to the resolution was offered, allowing the AMA to continue aggres-

sively pursuing new methods of providing adequate reimbursement for primary care and other services in rural areas.

RURAL HEALTH CLINICS

Delegates adopted an ISMS resolution calling for a re-evaluation of requirements for federal Rural Health Clinics. Government regulations mandate that to be certified as federal Rural Health Centers, physician offices or clinics must employ at least one physician assistant or nurse practitioner. That requirement penalizes physicians who choose not to hire limited-license practitioners, the Illinois delegation said. The resolution was adopted after it was amended to include

language calling for cost-benefit analyses to support cost-based rural health clinics.

TEEN-AGE SEXUAL ABSTINENCE

Citing that sexually transmitted diseases and unwanted pregnancies are at epidemic levels among young people, delegates adopted the recommendations of the AMA's Council on Scientific Affairs in lieu of an Illinois resolution on abstinence and teen-age sexual activity. The Illinois measure called for the AMA to set policy publicly advocating sexual abstinence, responsibility and sex education programs for unmarried teens. The report reaffirms AMA's current policies on teen-age sexual activities. ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT

for Illinois Physicians

ALTERNATIVE CARE SETTINGS

An effective approach to shortening hospital lengths of stay, that maintains high quality of care while still improving the cost effectiveness of health care services, is the use of alternative sites of service rather than acute care hospitals. Increasingly, it is being realized that many hospitalized patients can transfer to less acute care environments for greater portions of their care, and experience not only care of equal or improved quality, but also high patient satisfaction and an overall reduction in health care costs. Prime examples of such options are the use of skilled nursing facilities (SNFs) and home health care programs.

For both skilled nursing and home health care, the number of facilities and programs continues to grow, and the range of available services continues to expand. Services formerly available only in the acute care environment can now be easily arranged in these alternative settings - including such examples as post-op care, infusion therapy, total parenteral nutrition, chemotherapy, telemetry, and comprehensive rehabilitation care. For example, orthopedic joint procedures that traditionally were associated with hospital stays of 7-10 days can now be performed in conjunction with a hospital stay of less than half that number of days by coordinating the post-op care and physical therapy in a skilled nursing facility, or at home. Patients formerly requiring a prolonged hospital stay for IV therapy can likewise often be discharged to home to have the same service delivered in that more comfortable environment.

However, to realize the optimal value of alternative care settings, it is important that they be viewed as part of a program of effective discharge planning. The key features of any such program include:

- **Early Institution** - Most experts agree that discharge planning should begin within 24 hours of admission. For elective admissions, however, discharge planning can even begin before admission - as in the case of an elective orthopedic procedure, in which case the patient can be oriented to SNF care pre-operatively.
- **Multidisciplinary Approach** - The planning must include the attending physician, any consultants, social workers, case managers, if applicable, and the patient and his or her family.
- **Inclusive of all Options** - There must be a thorough knowledge of all available alternatives to hospital care, and this should be applied to the discharge plan.

Given the expansion of services available in alternative sites, the potential applicability of this high quality cost-effective approach to a wide range of hospital diagnoses is evident.

Illinois Medicine

VOLUME 7, NUMBER 15

JULY 28, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

Edmund Donoghue Jr., MD

Richard A. Geline, MD

Raymond E. Hoffmann, MD

Jane L. Jackman, MD

Harold L. Jensen, MD

William E. Kobler, MD

Silvana Menendez, MD

Sandra F. Olson, MD

Janis M. Orlowski, MD

Scott Reid, DO

Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Why we practice

After reading a newspaper or watching TV news, a reasonable person might wonder, Why would anyone want to practice medicine today? From the Medicare and Medicaid dilemma to insurers challenging physicians' treatment decisions to public intolerance of medical mistakes, the problems in the profession are well-publicized.

Some of those problems are difficult to solve because they are not being attacked at their root. Consider the recent publicity regarding medication errors. Like readers of whodunits, the media and the public often hunt for individual perpetrators when mishaps occur. But a study conducted by Harvard University's School of Public Health found that most mistakes that place patients at risk are caused by problems in hospital procedures and systems – not the performance of individual physicians, pharmacists and nurses. Because of the finger-pointing at individuals, though, the problems usually aren't fixed, the researchers said.

Despite the problems and challenges in medicine, medical school applications are at an all-time high, according to a medical student member of the admissions committee at Harvard Medical School. Last year, more than 45,000 people applied for 16,000 slots, and Harvard alone received 4,000 applications for 165 openings, he said in the New York Times.

After reading some of those applications and meeting some of the candidates, this medical student deduced that

applicants want a "kind of experience that seems increasingly hard to come by. In a time when communication is so often mediated by a fax machine and E-mail, there is something to be said for a job that consists of looking at the face of someone sitting next to you and listening to what he or she is trying to tell you."

The student contrasted his experience with one of his first patients – a 30-year-old with leukemia – with the typical workday of an investment banker, starting at a computer terminal for 16 hours, or a lawyer struggling to submit enough billable hours or become a partner. Such people often say of their careers, "There must be more to life than this." And they're right.

Some individuals have taken career dissatisfaction to the next level and are moving from other professions into medicine. The feature in this issue discusses this trend, introducing physicians with professional backgrounds in such diverse areas as restaurant management and journalism.

A medical student who is active in legislative matters through ISMS shares his thoughts on the facing page. He cites the value of interacting regularly with practicing physicians through organized medicine.

Regardless of the changing challenges in the practice of medicine, there is one constant that causes record numbers of people to apply for medical school and keeps physicians practicing: the opportunity to help our patients one-on-one.

PRESIDENT'S LETTER

What good is the AMA?

Raymond E. Hoffmann, MD



The AMA is the largest single representative organization for medicine, and it does what its members want.

The AMA recently convened its House of Delegates annual meeting, and the work done there was widely reported in the news. Elections were held, setting the present and future leadership of the AMA. These are the men and women who want to lead us, proud and tall, into the next millennium. Delegates submitted resolutions, and standing committees and AMA staff generated many reports, which were distributed at the meeting. These resolutions and reports were then picked apart and voted on by the delegates. But what good is all this work?

Almost 500 officers and delegates came to Chicago from all over the country and our protectorates. They spent a week discussing and deliberating the issues. This was after they had studied and discussed the issues with their colleagues at home. The discussions were informal in the hallways, more focused at the reference committees and quite earnest on the floor of the House of Delegates. So what?

Our Illinois delegates represent all parts of the state. Resolutions were sent to the AMA from the ISMS House of Delegates and presented the positions of our state medical society. Since Illinois has had two members on the AMA Board of Trustees, those trustees have been sensitive to the issues here at home.

The AMA is the largest single representative organization for medicine, and it does what its members want. The purpose of the meeting was to find out what those members want.

What doctors want is the best for their patients. After considering their patients and the practices they have built caring for them, some doctors are opposed to given issues, and some are for them. The beauty of our democratic methods is that we can decide what the majority wants. The majority of physicians did not want the Clinton health plan. The AMA worked very hard, and its work, along with that of many other groups, led to the

demise of Hillary's secret plan.

Doctors want reasonable changes in Medicare – access protection, quality assurance and elimination of the "hassle factor." On that and other issues, the AMA is in constant contact and ongoing discussions with the Republican leadership. Speaker Newt Gingrich shared his thoughts on Medicare with us and commended the AMA for a Medicare reform proposal it had submitted just four days before the meeting. This dialogue has been requested and encouraged by Speaker Gingrich. (What a difference a year makes.)

THROUGH A RESOLUTION passed by the AMA House of Delegates, doctors expressed their concern and their desire to influence local health care, and helped postpone a vote by the Los Angeles County Board that might have closed the Los Angeles County Hospital.

Doctors want to stop the criminalization of health care decision-making, and the AMA is developing model state legislation to help accomplish that. Physicians want changes in the federal professional liability laws to contain medical costs, and the AMA is lobbying hard to make sure those changes will be included in the compromise bill that emerges from conference committee. Hundreds of other "wants" for the betterment of patient care were discussed and decided by vote.

The AMA may seem distant from physicians seeing patients in their offices, just as the U.S. government, with its president, Congress, Supreme Court and bureaucracies, seems removed from citizens. We cannot have 50 state organizations or thousands of county societies trying to do what the AMA is doing. We need a single strong association to represent physicians in discussions in Washington. We need "physicians dedicated to the health of America" – the purpose of the AMA. We need the AMA.

First person

ISMS helps med students address issues of concern

BY GREG GROETSEMA

As a medical student, I recognize the need to interact regularly with practicing physicians. ISMS helps me and other student members meet that need.

The Society brings students and physicians together and gives students the resources they require to take action on issues that concern them. It also gives students a stronger voice to try to tackle those issues – for example, the federal student loan program. When I traveled to Washington, D.C., in March for the AMA's Leadership Conference, ISMS' Washington Presence program arranged for me to meet with U.S. Rep. John Porter (R-Deerfield) and a legislative assistant to U.S. Sen. Carol Moseley Braun (D-Chicago) to express concern about proposals that would dramatically alter or even eliminate the student loan program.

From a student's perspective, federally subsidized student loans are helping me through school. When I graduate, I will be \$160,000-\$170,000 in debt. Knowing that the government is covering a portion of the interest on my loans while I'm in school relieves some of my financial worry. Some members of Congress advocate eliminating the government's interest payments for students. Those legislators want the interest on loans to accrue while we are in school, thereby significantly increasing students' debt. That's why it was so important for me to speak with Porter and Moseley Braun's legislative aide. This issue has significant ramifications for medical students.

But without ISMS' assistance, I would not have been able to meet with those lawmakers. In fact, I was able to speak to the senator's staffer only because a physician in our group had met with her previously. Porter left a Capitol hearing room, where he was waiting to testify, to speak with our group in the hallway. Those meetings were possible because of the connections the Society has established over the past few years.

working
for
you



Groetsema

Chip Zellet

Organized medicine serves as the voice of physicians, whether or not they are members. But by being a member, I can have an active voice. In addition, organized medicine is the only professional group I could join while in medical school and continue for the rest of my medical career.

My membership in ISMS gives me everything I expected and more. One thing I didn't expect was acceptance as an equal colleague by the physician membership. That acceptance – as well as the opportunity to meet other students who have the same interest and who maintain the same level of activity in organized medicine that I do – is what keeps me so involved. Illinois has one of the most active, and probably the most organized, student sections in the country. People recognize Illinois as a leader in organized medicine for students and practicing physicians. That's quite a benefit.

STUDENT MEMBERS also receive practical knowledge from ISMS. For instance, last fall I participated in the Society's annual residency workshop, which is aimed at educating students about the national residency match program. The seminar explained the whole process, provided tips for applying to residency programs and boosted participants' interviewing skills. The match is a difficult time for students, so having that knowledge before going through the process is a big help.

For me, organized medicine is a positive adjunct to medical school. I plan to continue participating in it during my residency training and throughout my career. I believe I can contribute a great deal to organized medicine, but just as importantly, it can give me a lot in return.

Groetsema is a third-year medical student at Finch University of Health Sciences-Chicago Medical School.



"You think I'm ready for a talk show?"

LINDA VITALE, secretary to ISMS' assistant vice presidents of underwriting, is the July recipient of the Society's Employee Recognition Award. Vitale has worked at ISMS for nearly six years and coordinates PREP and underwriting committee meetings for ISMIE.



Carla Sommerfeld

Want to Increase Your Patient Base?

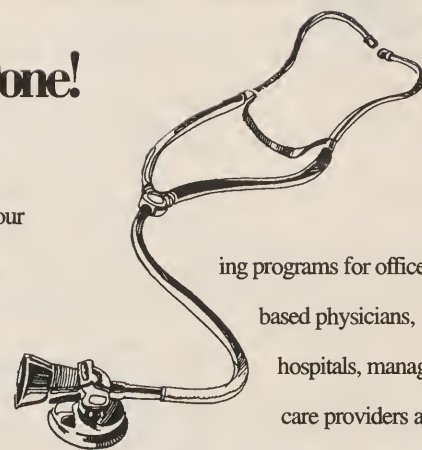
We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you.

Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-

ing programs for office-based physicians, hospitals, managed care providers and

medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708-747-7701

Specialists in Health Care Marketing

OIG enacts penalties
for inappropriate
lab referrals

PAGE 1

ISMIE Update

Watch for
coverage of
patient follow-
up systems in
your next
issue

Case in Point

Diagnosing, treating meningitis in children

BY MARY NOLAN

One of the leading causes of malpractice litigation against pediatricians, family physicians and ER doctors is a delay in or failure to diagnose meningitis in young children. To minimize their liability, physicians should examine children carefully, properly document charts and give parents detailed follow-up instructions, according to risk management experts.

Case #1

The case in brief: A 10-week-old infant with a rectal temperature of 103 F was examined by his family physician. Although the doctor noted that the baby appeared lethargic, he did not document any other symptoms or specifics uncovered during the examination, nor did he order a complete blood count. He diagnosed a virus and recommended fluids and Tylenol.

The physician also failed to schedule a follow-up appointment and instruct the mother about what to do if the baby's temperature increased or if he began vomiting or became irritable.

About 16 hours later, the baby's parents took him to an immediate care center, where he was treated by an ER physician. The mother said the baby had cried sporadically for two days. At that time, the child's rectal temperature was 102. The physician performed a spinal tap, which yielded cloudy contents and indicated the likelihood of meningitis. The doctor unsuccessfully attempted an IV and a femoral cutdown to administer antibiotics. He transferred the baby to a pediatric intensive care unit, but the infant died from bacterial meningitis.

The child's parents sued the physician. The case was settled

for \$1 million because of the family physician's failure to perform an appropriate physical examination, order a lumbar puncture and find a source of infection.

Case #2

The case in brief: A 5-month-old patient who experienced vomiting and diarrhea overnight was seen by her pediatrician. The physician's notes showed that the baby was well-hydrated, that her neck was supple and that she was irritable but able to be consoled. In addition, her throat was congested, and she had mild respiratory distress with harsh breath sounds and good air exchange. The doctor noted further that her temperature was normal and that she was given two ounces of Pedialyte. The physician did not order a complete blood count. He diagnosed questionable bronchitis, gastroenteritis or bronchopulmonary dysplasia. The doctor advised the infant's mother to give her Pedialyte, Ventolin and Pediazole and to take her daughter to the ER if the baby developed a fever, continued to vomit or became more irritable.

The baby still did not have a fever the next day, although she vomited several times. She was lethargic but not irritable, so the mother did not take her to the emergency room.

On the third day, the infant began convulsing. The mother rushed the baby to the ER, where a lumbar puncture was performed and penicillin was immediately administered. The lumbar puncture confirmed a diagnosis of bacterial meningitis.

In the first 24 hours of treatment, the baby's temperature decreased, but neurological abnormalities became apparent, including diminished muscle tone in all extremities, decreased response to auditory stimuli in her left ear and a minimal to absent gag reflex. After five days on antibiotics, the

baby was still experiencing quadriplegia and deafness in the left ear.

Her parents sued and settled for \$600,000. The case had to be settled because after the child was diagnosed with meningitis, the doctor changed the patient's record to explain why he failed to perform a lumbar puncture. Damages were mitigated by the mother's failure to heed the doctor's instructions and take the child to the hospital emergency room when the baby vomited the day after the office visit.

The points these cases make:

These cases show the potential risk management problems of meningitis, a serious disease occurring most commonly in children under five years old, according to the American Academy of Pediatrics. Since children under 2 are at greatest risk for meningitis, the AAP recommends that physicians consider the possibility of meningitis when a young child develops symptoms such as a fever of unknown origin, vomiting, diarrhea, lethargy, irritability or any change in mental condition. A spinal tap may be necessary to help substantiate a diagnosis of meningitis, especially for infants two months or younger, AAP said.

In most cases of suspected meningitis, physicians must perform a septic workup, which includes blood cultures and blood counts, a spinal tap, a physical examination and a prescription for antibiotics, said William Hays, MD, a Herrin family physician. "All these should be done at the very minimum because doctors need to find the reason for [symptoms such as] a 103-degree temperature," he said.

A spinal tap should be performed only when physicians are unable to identify the source of infection in children. In the first case, the doctor's examination was inadequate for such a young child. With children that age, "I tend to be more aggressive

in performing spinal taps," Dr. Hays said, noting that infants can quickly become sicker and are unable to explain how sick they are.

"It's pretty clear that this child [in the first case] should not have [died]," said Scott Cooper, MD, of the Emergency Physicians Group in Lincolnshire. "They really should have tapped the child and given instructions to monitor his temperature." If the temperature persisted, the parents should have been told to return the child to the doctor immediately, he said.

Although the physician in the second case did not provide poor care, the case was lost once the change in the medical records was discovered.

There are no official guidelines regarding spinal taps on children, said Jere Freidheim, MD, a Chicago pediatrician and chairman of the ISMIE Risk Management Committee. "It's a judgment call." However, a physician treating a 10-week-old baby with a 103-degree temperature would generally do a septic workup, which includes a spinal tap, he noted. "In this case, the history is not good, [and there] was an incomplete physical exam, no follow-up instructions, poor documentation and no complete blood count."

To determine when to do a spinal tap, physicians use a process of elimination in addition to the septic workup, said Sharon Flint, MD, an Oak Park pediatrician. "We need to find

out how the child is feeling. We must ask ourselves, 'Is the child lethargic? Irritable?'"

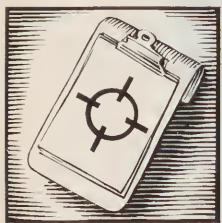
Physicians must also keep extensive notes and conduct follow-up with patients, Dr. Flint said. The physician in the first case used poor judgment by just sending the baby home with his mother. Instead, the doctor should have called the parents later that day or made a follow-up appointment for the next day to reassess the infant's condition, Dr. Flint advised. "The family practitioner was a little cavalier in his diagnosis."

The doctor in the second case made a critical error by changing the patient's records after a diagnosis was made. Although changing records is never appropriate, physicians may add information to a patient's chart to make the information more complete if they do so properly, according to risk management experts. For example, physicians may make an addendum to a patient's record by drawing a single line through an entry that leaves the original wording legible, inserting the new or expanded information and then initialing and dating the records, Dr. Hays said.

"[The second] case looked all right until the doctor altered his records," Dr. Freidheim explained. Once records are altered, it becomes very difficult to defend a case, even if the care was optimal, he said.

Although the physician in the second case did not provide poor care, the case was lost once the change in the medical records was discovered, said Robert Austin, a medical malpractice defense attorney with Lord, Bissell and Brook in Chicago. Whenever physicians tamper with medical records, all opinions regarding the medical aspects of the case become irrelevant, Austin said. ■

Case in Point uses hypothetical case histories to illustrate risk management maxims.

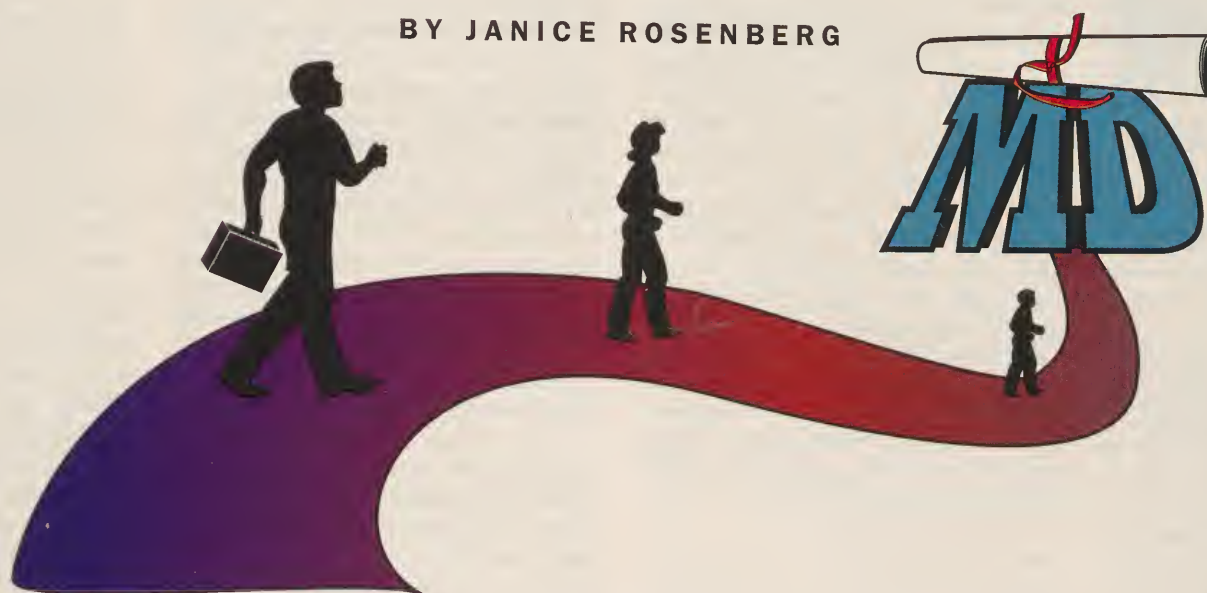


MEDICAL EDUCATION

Back to school

More medical students are coming from other professions.

BY JANICE ROSENBERG



Laura Cutietta

When orthopedics resident Warren Jablonsky, MD, decided to become a physician, he called several medical schools to ask about admission requirements. After he described his background in restaurant management to a few deans, they laughed at his chances.

Medical school classrooms today increasingly include nontraditional students – from an experienced nurse, to a 29-year-old journalist with a few science courses under her belt to a PhD in biochemistry.

The road to medical school isn't easy for students of any age or background. Aspiring physicians must complete required undergraduate science courses, achieve high scores on the Medical College Admissions Test and be accepted into medical school. And competition is intense. In 1994, there were 45,365 applicants for only 16,287 spots in U.S. medical schools.

The average age of medical school applicants for 1993-94 was 24.3 years, according to the Association of American Medical Colleges. But medical students who are 32 or older now represent about 5.2 percent of the total number of accepted applicants.

Those students are adding diversity to medical school classes and are graduating to become practicing physicians. "Older medical students do fine," said Richard Trumpe, PhD, assistant dean for student services at the University of Illinois College of Medicine in Peoria. "They don't panic as much about exams. They've been in the real world and know there is life out there. They have a maturity of perspective they bring to bear on the whole medical experience."

THE DECISION to apply to medical school means taking a hard look at undergraduate college records. Filling in prerequisite credits isn't always easy.

Working as an assistant editor at a medical journal

inspired Kim Maloney, MD, an Ob/Gyn at Evanston Hospital, to become a physician. But when she considered changing careers, she had been a journalist for nearly 10 years and wondered how she would get into medical school.

Drs. Jablonsky and Maloney turned to the Post-Baccalaureate Premedical Program at Loyola University-Chicago for help. "The program started in an ad hoc fashion when I was in the chemistry department and encountered young people interested in changing their careers," said Jack Goldman, PhD, director of the program. The Loyola program is condensed so that students can take all the prerequisite science courses they need for medical school in one or two years.

The Southern Illinois University Medical School is currently observing its 25th anniversary. For students who need intense guidance, SIU offers the Medical Education Preparatory Program, which helps educationally disadvantaged students prepare for medical school, said Harold Bardo, PhD, SIU's dean for minority affairs and counseling. Many students in the program had already applied to medical school and been denied.

"We try to structure the course load based on what they need to become more competitive applicants to health professional schools," Bardo noted. "This program brought in more women, more students who would return to practice in rural areas and more minorities."

Before becoming a MEDPREP student, recent SIU medical school graduate Lauren Bonner, MD, worked as a counselor for teen-age mothers. "Without MEDPREP, I wouldn't be where I am now. The knowledge I gained, the study skills I developed and the confidence that gave me carried me through medical school."

(Continued on page 8)

Back to school

(Continued from page 7)

Rush Medical College has always counted older individuals among its applicants and students, said Howard Zeitz, MD, director of problem-solving activities in the office of the dean for medical student programs. "This school isn't concerned about a student's age. Older students are accepted based on their merits. Schools have come to recognize that age shouldn't be a barrier."

But some clinician members of medical school admissions committees are concerned that older students haven't followed the traditional path to medicine, may lack the stamina to complete intense training and will have fewer years to practice than traditional students do, said Roger Robinson, interim associate dean of students at SIU.

Robinson doesn't agree with those skeptics, though. He believes older students are good risks because they are street savvy and are often not as arrogant as some younger students. "Older students have a [stabilizing] effect on the class. Watching them juggle school with family obligations shows the younger students what life is all about."

Sometimes older students have to make difficult adjustments during their first year, said Trumpe. "But when they get past the rough start, it's a pleasure to see their confidence growing and their scores improving."

Older students tend to do well in the clinical years of medical school and in residencies, said Jorge Girotti, PhD, director of admissions at the University of Illinois at Chicago College of Medicine. "My sense is that in the clinical arena, older students have an advantage. They've worked in the world, dealing with people on a daily basis, and their understanding of life is broader."

cal arena, older students have an advantage. They've worked in the world, dealing with people on a daily basis, and their understanding of life is broader."

SUCH STUDENTS have varied reactions to their medical school days. "The first two years were grueling," said psychiatrist Linda Gruenberg, DO. "There was a wealth of information to digest and spit out."

"You go in with the bare bones of preparation and are with people who are 10 years younger than you," said former nurse Cathy Meyer, MD, who is now a rheumatologist at Mercy Hospital in Chicago. "They've never been out of school, so they know how to study, and many have already taken three out of four of the first-year med school courses as undergrads, so for them, this is a review."

Mike Hackmann, a fourth-year student at the U of I medical school in Peoria, was a dentist in the Air Force before he entered medical school. As a husband and father of two children, he has had to balance the demands of school and family. But his family has been a positive influence, he said. "I had support at home and someone I could turn to to discuss problems. I could play with my children and take my mind off my work."

The most difficult aspect of returning to school has been handling family finances, Hackmann noted. "There were times when my wife needed to buy things for the house and I'd say, 'Wait for the next financial aid check.' That has created some stress."

But such hardships are well worth the effort, said Dr. Jablonsky, who likens the experience of medical school to childbirth. "Afterwards, you forget the bad parts and remember only the glorious ending." ■

Northwestern

(Continued from page 1)

networks such as this could be critical for physicians and HMOs," said Steven Rosen, MD, a member of the network's coordinating committee and director of Northwestern's cancer center. The network participants will work together through contract arrangements, Dr. Rosen said.

Such networks are likely to increase as institutions respond to the push for cost-effective quality care in a managed care environment, he predicted. In addition, network officials hope it will serve as an evolving model of cancer care provided by community hospitals, Dr. Rosen noted.

The network was formed to develop and implement standards and guidelines for cancer treatments; to ensure high-quality, cost-effective, community-based care; and to contract with large employers and third-party payers. The standards and guidelines will serve as the basis for determining the cost of care, said Bruce Spivey, MD, president and chief executive officer of Northwestern's health care network. "The marketplace will eventually determine pricing."

The hospitals and physicians in Northwestern's own hospital network will all participate in the national cancer center network. Those hospitals include Children's Memorial Medical Center, Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Northwestern Memorial Hospital, Swedish Covenant Hospital, Ingalls Health System and Northwest Community Healthcare.

"The actual [delivery] of care in Chicago by NCCN will be provided through Northwestern's member hospitals," said Dr. Spivey. For patients at those hospitals, the network will provide access to perhaps the "finest group of committed organizations of cancer centers in the United States. [It] is attempting to do in cancer care on a national level what Northwestern is already doing on a regional basis."

THE NATIONAL NETWORK has already established specific goals for pediatric and adult cancers and will measure the clinical outcomes of various treatments to assess their effect on patients' quality of life. Other goals are to promote prevention, early diagnosis, screening programs and research. Focusing on detection and prevention is critical, since early diagnosis helps reduce the chances that cancer will recur or spread, according to network information.

Although no official treatment standards have yet been completed, task forces formed from each of the network's 13 members have sent seven standards to be reviewed by a panel of experts. Those standards cover treatments such as bone marrow transplantation and conditions such as leukemia and breast, lung, colon and ovarian cancer. Also being developed are seven additional standards for brain tumors, non-Hodgkins lymphoma and melanoma. Developing such treatment protocols should not be difficult, Dr. Spivey said. "In the area of oncology, we already have extensive experience in protocol on a national level." ■

CLASSIFIED ADVERTISING

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Shelly, (800) 334-6407.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the top 100 performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Robinson, Illinois - Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Morrison, Illinois - Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Internist – Downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 272-2777 or fax CV to (414) 784-0727.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414) 544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800) 326-2011, ext. 4700, for practice profile.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Physicians: All specialties. Residents welcome. Flexible schedules for MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp. at (800) 245-2662.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in any of the following areas: internal medicine, gerontology and family medicine. Prefer board certified. Compensation for full time is a minimum of \$110,000 plus benefits. Part time is a minimum of \$60 per hour. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901, or (314) 453-1700.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215.

BC/BE internist wanted for partnership. Well-established solo practice 45 minutes from downtown Chicago. Own suite adjacent to large hospital (CVR surgery, all specialties). Private and Medicare only. No capitation. Please send CVs to Box 2279, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heart-warming.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

International medical graduate with USMLE parts I and II seeks residency training PGY I in family practice, internal medicine and transitional for 1995. Please contact Carolina Ocampo at work, (708) 490-0600, or at home, (708) 359-5354.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Rt. 59 and 83rd St., 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Physician office, Hickory Hills: Rent-lease, 1,300 square feet. Built out for physician's office. Great location and easily accessible – 8615 W. 95th St., Hickory Hills; (708) 430-3150.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Medical building for sale in South Holland, southeast suburb of Chicago. Perfect for medical office. Two floors, plus a basement for storage. First floor has easy access and three examining rooms, plus reception area and bathroom. Upstairs has efficiency apartment previously used as billing department. Located on Route 6. Eight parking spaces behind the building. \$139,900. Please call (708) 862-1290.

Chicago – near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Please send replies to Box 2278, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. We will respond immediately.

Miscellaneous

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Free...Newsletter for retired physicians. We're about to publish a newsletter specifically for retired physicians. It will feature reviews of clinical studies from major journals including the New England Journal of Medicine and JAMA. We'll also report on pharmaceutical developments, government health care incentives, upcoming meetings and more. This is a first and represents a unique opportunity for you. We're offering a complimentary subscription in exchange for your help in completing a brief, prelaunch questionnaire. Simply send us your name and address; we'll forward the questionnaire to you by return mail. InfoMedic, P.O. Box 175, Prospect Heights, IL 60070.

POSITION ANNOUNCEMENT

Medical Director

Correctional Healthcare Solutions, Inc. (CHS) is recruiting a medical director for Western Illinois Correctional Center located in Mt. Sterling, Illinois. A competitive salary and benefit package are included.

CHS, Inc. provides contracted comprehensive health care to the inmate populations of state prisons and county jails, with a focus on managed care. Practicing in this environment can be very rewarding. The security requirements of correctional facilities provides you with safety while CHS provides you with autonomy. There is no administrative or clinical overhead associated with this setting. Office space, nursing and support staff are in place. The field of correctional health care offers an interesting and challenging area of practice that allows you to make a meaningful contribution to the care of a largely underserved segment of our population.

Other Positions Available

CHS is recruiting Primary Care Physicians for central and western Illinois. We have full-time and part-time opportunities available, each offering competitive salary and benefits packages.

You may receive further information about CHS and available employment opportunities, by calling:

217-732-2480

or writing to the following address:

**Midwest Regional Office
Correctional Healthcare Solutions, Inc.
111 Sangamon St., Suite 2
Lincoln, IL 62656**



**Correctional
Healthcare
Solutions, Inc.**
innovative health care management

OIG sets fines

(Continued from page 1)

it stands. There are no guidelines now, but that really argues for greater caution. The bottom line is physicians will have to follow [the legislation]. Frankly, I don't expect any relief [for physicians] in the regulations."

Under the final rule regarding financial penalties, doctors who file claims for services rendered as a result of prohibited referrals or who fail to refund money they receive as a result of such referrals can be fined up to \$15,000 per violation. In addition, doctors and entities that try

to avoid detection of prohibited referrals are subject to penalties of up to \$100,000 for each arrangement or scheme, according to the rule. Those physicians or entities may also be terminated from Medicare and state health care programs.

"This basically deals with the issue of what is a nonreimbursable service," explained Joel Schaer, an OIG regulations officer. "Studies have shown that when physicians or members of their families own part of a business, they tend to refer patients to that business at a higher rate. Now, unless certain exceptions are met, doctors are prohibited from self-

referral to their own businesses."

The Omnibus Budget Reconciliation acts of 1989 and 1990 banned physicians from referring Medicare patients for clinical laboratory tests to facilities in which they or any of their immediate family members had a financial stake.

OBRA 1993 extended the prohibition to Medicare and Medicaid referrals for clinical lab services and various "designated health services," according to the Federal Register. Those designated services included physical and occupational therapy and radiology services; radiation therapy services and supplies; durable medical equipment and

supplies; parenteral and enteral nutrients, equipment and supplies; prosthetics, orthotics and prosthetic devices and supplies; home health services; outpatient prescription drugs; and inpatient and outpatient hospital services.

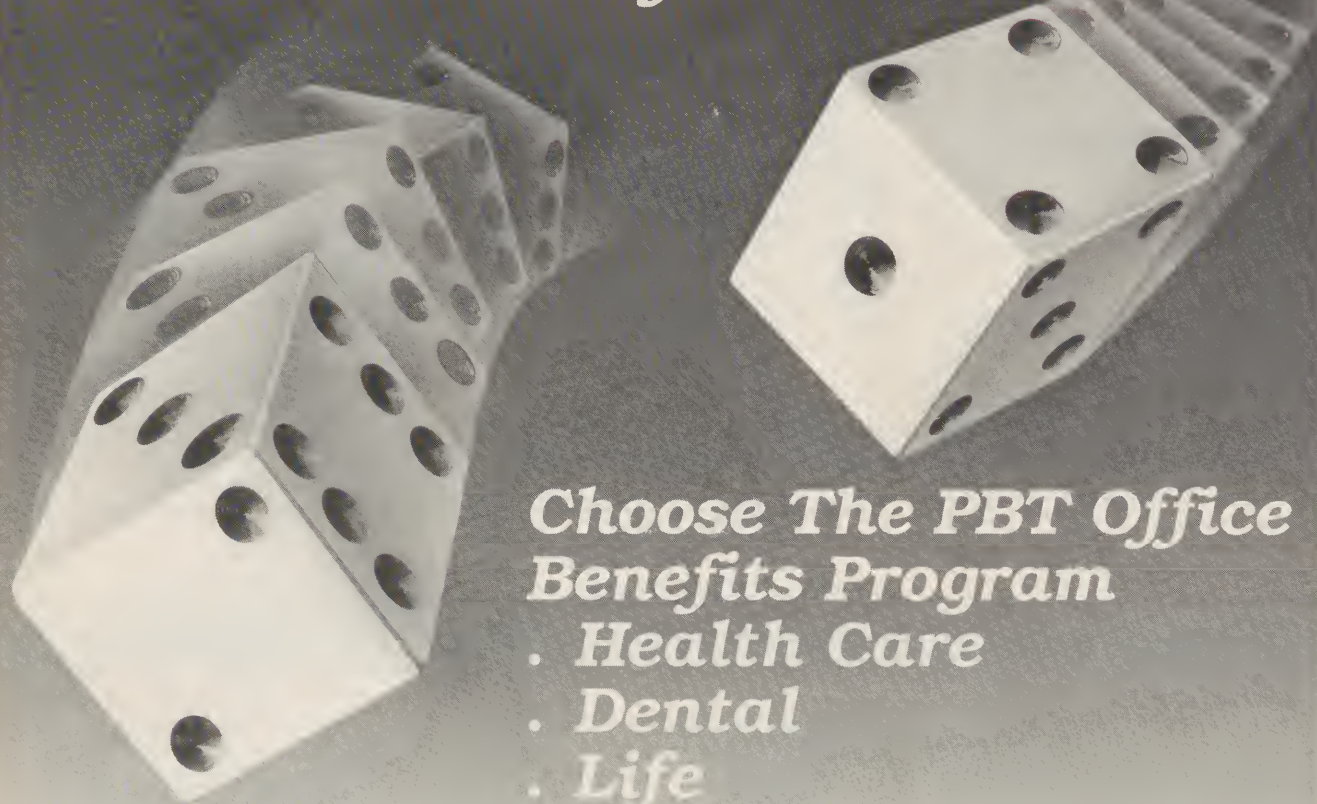
Because the rule on penalties has been published, physicians can be fined now for making prohibited referrals to clinical labs and for designated health services, regardless of when HCFA finalizes specific regulations, Schaer said. "When an egregious violation occurs, we can take the penalty, even though the final implementation rules haven't been published. But if there is a question, we won't take a penalty until the HCFA regs are out."

"Physicians who ignore the ban on referrals have more than money to lose," Conley warned. "The [civil fines] will be very expensive, but doctors probably could survive them. The more onerous penalty is being excluded from the Medicare program, not only in terms of not being able to treat Medicare patients but in how that will impact the rest of their practice."

Illinois doctors must also consider referral bans in force through the state's Health Care Worker Self-Referral Act, which became law in 1992, Conley stressed. That law prohibits inappropriate referrals for all patients, not just Medicare and Medicaid participants, and includes all services, not just specific ones designated in the federal law. Physicians who violate the state statute are subject to license suspension or revocation, criminal prosecution and administrative fines of up to \$10,000 per infraction, Conley said.

"Physicians have to look at the various relationships they have with referrals and make sure they're not doing something where money is coming directly back to

Don't Gamble With Your Medical Benefits



The PBT Office Benefits Program Health Care Coverage allows you and your employees to choose your own doctors and hospitals. There's no pre-approvals or second opinions required. We never interfere with your prescribed course of treatment. Our in-house claims department pays 85% of Health Care claims within 7 calendar days. Combine these outstanding features with our low-cost group rates for the best health care

coverage available for physicians and group practices.

So what would make this great program even greater? How about choosing among different plans for real cafeteria-style benefits! The Health Care Plans include a choice of Deductibles to control Out-of-Pocket Expenses. Add Dental and Term Life coverage to complete your program of employee benefits . . . That's what the PBT Office Benefits Program is all about.

Call for details
 (800) 621-0748

(312) 541-2704

Ask about the other **PBT** Plans too!



Sponsored
by

Chicago Medical Society &
Illinois State Medical Society



PBT Physicians'
Benefits Trust

*The final rules are not
published, but it
appears physicians
will not be punished
for something done
inadvertently or
unintentionally.*

them in a way that is unrelated to normal business activities," said John Schneider, MD, chairman of ISMS' Third Party Payment Processes Committee.

Only those physicians who have "done something with obvious intent" will be fined, Dr. Schneider noted. "The final rules are not published, but it appears physicians will not be punished for something done inadvertently or unintentionally."

In fact, the "great majority of providers and practitioners do not engage in such prohibited activities and practices," according to the rule on civil money penalties.

For more information about the federal rules, physicians may contact ISMS' health care finance division at (312) 782-1654 or (800) 782-ISMS.



THIS IS HOW SOME COMPANIES FEEL

ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“I wasn’t sure if I should ***settle***, so the ISMIE review committee heard me out. They’re doctors. So I knew their decision would be a ***fair*** one.”



The person most qualified to evaluate the actions of a doctor is another doctor. That's why the Illinois State Medical Inter-Insurance Exchange created the Physician Review Committee. The committee is composed of doctors from all areas of the state, with extensive cognitive and surgical expertise. The members carefully review your malpractice case, and seek expert opinions from other physicians in your specialty. They'll even take your input into consideration. Whether your claim is settled or goes to trial, rest assured: you can trust the people making decisions about your case. Because at ISMIE, they're doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

08/16/95

LOW-UP REQUIRES COMMITMENT (PAGE 7)



Streamlining
medical
practice

PAGE 8

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • AUGUST 11 1995

Edgar signs health care bills

PAGE 6

Doctor saves victim of car accident

GOOD SAMARITAN:

A Loyola resident physician is nominated for a lifesaving award.

BY MARY NOLAN

[SCHAUMBURG] What began as a serious automobile accident on Interstate 290 in Schaumburg in June turned into a nomination for a lifesaving award from the Illinois State Police. Patricia Griffith, MD, a fourth-year resident in Loyola University's orthopedic surgery department, helped save the life of 4-year-old Matthew Vogt, who was pinned under his parents' car. His mother and father were not trapped in the vehicle.

As Dr. Griffith drove on I-290 that night, she stopped after seeing the Vogt's overturned car. Assessing the situation, she determined that the rollover accident was a Level I trauma case, and she instructed the Schaumburg police and bystanders to move the car off the child. When the child was freed, "I treated him for abdominal injuries and calmed his parents down. It looked like his injuries were serious by the way [he was] pulled from the car." In addition, Dr. Griffith said she maintained an airway and protected the boy's cervical spine, even though he was breathing on his own.

Because of the child's injuries, Dr. Griffith and the paramedics determined he needed Level I trauma care, so he was taken to Loyola University Medical Center in Maywood. Most Level I trauma cases involve injuries that require the highest degree of expertise and specialized care,

(Continued on page 10)

Heat creates medical emergency

CRISIS: Many area hospitals are forced to go on bypass status because of the heavy influx of patients suffering from heat-related illnesses. BY MARY NOLAN

[CHICAGO] Gov. Jim Edgar last month declared Cook County a state disaster area because of the record-breaking heat in mid-July, which overwhelmed hospital emergency rooms, claimed more than 500 lives and triggered questions about the city's emergency plan for dealing with heat.

That heat wave was a "killer - an unfortunate killer," said Cook County Medical Examiner Edmund Donoghue Jr., MD, an ISMS Third District trustee. Dr. Donoghue told Illinois Medicine that early death counts were probably conservative. In fact, the record number of deaths climbed as more bodies were found and autopsies performed.

During the heat wave, Leslie Zun, MD, an emergency physician at Mt. Sinai Hospital Medical Center in Chicago, treated between 150 and 200 patients suffering the ill effects of the heat. On typical summer days, the emergency room serves about 100



Cook County Medical Examiner Edmund Donoghue Jr., MD, discusses the deaths that resulted from the mid-July heat wave during a July 19 news conference in Chicago. Dr. Donoghue is an ISMS Third District trustee.

patients with all types of injuries and illnesses, he said. "[The heat patients] overwhelmed all the systems we had."

In fact, many area hospitals were forced to go on bypass status at various intervals during the crisis, because they were unable to keep up with the number of patients. In

response, the Illinois Department of Public Health redefined the emergency medical services policy to ensure quicker admission of nontrauma patients when hospitals are placed on bypass status.

Many of the patients seen in Mt. Sinai's emergency room experienced heat stroke, Dr. Zun said. "[Such patients] have a temperature of 106 degrees or higher and display neurological problems. Many become irritable, hallucinate and lapse into a coma, while others sweat profusely. All are hospitalized. The systems of the body begin to malfunction."

Dr. Zun disputed media reports indicating that patients begin experiencing such symptoms minutes after exposure to extreme heat. "They all occur over time," he said. Damage to a person's cardiovascular system, liver, brain and kidneys is not immediate.

Prolonged exposure to unusually hot and

(Continued on page 14)

INSIDE

Will County to get new clinic



PAGE 3

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update7

Classifieds11

Summer diseases hit Illinois, according to IDPH

PUBLIC HEALTH: Physicians should look for symptoms of Lyme disease, encephalitis and food-borne illnesses. BY MARY NOLAN

[SPRINGFIELD] In summer, almost everyone enjoys outdoor activities at barbecues, on a lake, by a pool or in a garden. But the season also brings Lyme disease, encephalitis and food-borne ailments, according to Illinois public health officials.

In 1994, the Illinois Department of Public Health recorded 24 cases of Lyme disease, an increase of five cases from two years ago. "The state has been very fortunate that the number of cases has been very small," said IDPH spokesperson Tom Schafer. In comparison, Wisconsin health officials recorded more than 400 cases of Lyme disease in the past few years, Schafer said.

Lyme disease is caused by a spirochete that is transmitted through tick bites. The ticks that carry Lyme disease are much smaller than dog and cat-

tle ticks, and their bite is smaller than a pinhead. Campers, hikers and outdoor workers, are the most likely to encounter ticks in wooded, brushy and grassy areas. In addition, more people who do yard or garden work near wooded areas have become infected.

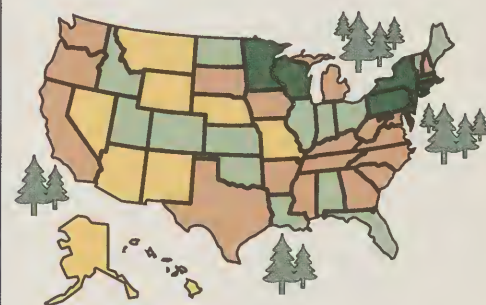
IDPH encourages physicians to be aware of the symptoms of Lyme disease, Schafer said. In the first stage of infection, individuals exhibit flu-like illness and a rash. Later, they experience fatigue, chills and fever, headache, muscle and joint

(Continued on page 13)

Reported cases of Lyme disease

Average annual
incidence per
100,000, 1987

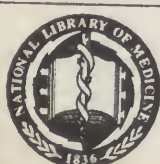
1-10
0.1-1
0.01-0.1
<.01



Source: U.S. Centers for Disease Control and Prevention

***** 3-DIGIT 208

00533 **



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

New center helps children with severe asthma

PEDIATRICS: LaRabida provides treatment and education for patients and their families. BY KATHLEEN FURORE

[CHICAGO] The new Asthma Center for Children at LaRabida Children's Hospital and Research Center is providing pediatric asthma patients and their families with access to a comprehensive treatment and education program. LaRabida established the center to alleviate problems associated with severe asthma and help afflicted children lead normal lives, said a hospital spokesperson.

The most common chronic childhood illness, asthma affects more than 4.1 million children in the United States and is the leading cause of school absences attributed to chronic conditions, according to statistics from the American Lung Association. But many parents incorrectly assume their children will outgrow the disease, and they seek emergency rather than preventive care, said a LaRabida news release.

Through the program, board-certified asthma specialists and respiratory therapists work with each patient's primary care physician and family to develop a comprehensive treatment and management program. "We include the family physician in every aspect of the child's evaluation," said Raoul Wolf, MD, director of the asthma center and chief of allergy and immunology at LaRabida. "We want to make sure the physician is comfortable with the new control plan and is able to monitor it."

The center has one of the few pul-

monary function labs in the country for testing infants as well as older children. Its five-day inpatient program is designed to monitor children around the clock so that correct medication dosages can be determined for home and school, the release said.

The LaRabida program also offers individualized training sessions that teach parents how to identify and avoid hidden asthma triggers, react in emergencies and manage the illness at home. Young patients receive specially designed workbooks that teach them how to manage their condition. In addition, the hospital provides families with the use of an apartment near the center, where they can stay during their child's evaluation, the spokesperson said.

LaRabida's pediatric asthma center has helped 8-year-old Philip Dudley and his family successfully manage his asthma, said his mother, Joni Dudley of Chicago. Before his primary care physician referred him to the center, Philip had missed a year of school because of his disease and feared he would die every time he had an asthma attack, his mother said. "Without the care he received at the Asthma Center for Children, I'm sure Philip would have remained homebound. I also feel more confident in my own ability to take care of Philip at home and handle emergency situations." ■

Illinois resident physician wins AMA council post

[CHICAGO] During the AMA annual meeting in June, Mitch Glaser, MD, a psychiatry resident at the University of Chicago Hospitals, was elected the resident member of the AMA's Council on Medical Service. Dr. Glaser was nominated by the Resident Physicians Section and endorsed by ISMS and the Illinois delegation to the AMA.

As a young physician, Dr. Glaser is committed to preserving physicians' leadership roles in health care, said ISMS President Raymond E. Hoffmann, MD, in an endorsement letter. "Mitch has impressed us. He is dedicated to the goals and professionalism of medicine." Also described in the letter were Dr. Glaser's service as an AMA representative during the past year, which allowed him to speak to lay groups about health care reform.

"There seems to be a different solution offered to the American people by every branch of government and health insurance conglomerate," Dr. Glaser said. The AMA's role is protecting the interests of patients, he noted. In addition, economic and political motivations for changing the health care system should be secondary to the issue of quality care. "The interests of the patient cannot be protected without protecting the interests of the physician."

Currently, Dr. Glaser is a member of the ISMS and AMA Resident Physicians sections and serves on the ISMS Council on Medical Services and Council on Men-

tal Health and Addiction. In addition, he won the 1995 Glaxo Achievement Award, which honors young medical professionals. ■



Andrew Corrigan Halberm

IN JUNE, during the annual meeting of the American Association of Physicians of Indian Origin, ISMS Third District Trustee Janice Orlowski, MD (left), discusses issues with Bharati Ghaveri, MD, who chairs the group's Women Physicians Forum.

ISMS members receive AMA recruitment awards

[CHICAGO] Seventeen ISMS members received 1995 AMA Physician Outreach program awards during the AMA's annual meeting in June. The AMA presents the awards each year to physicians who recruit colleagues to join the organization. Since Illinois is a unified state within the federation of medicine, Illinois doctors who join the AMA must also become members of ISMS and a county medical society.

Participating in the recruitment program are members of the AMA's House of Delegates, Hospital Medical Staff Section, Young Physicians Section

and Medical Student Section. Physicians accumulate points for each new member they recruit for full-year dues.

Four Illinois members were among the physicians who received top honors for recruiting more than seven new members annually for at least three consecutive years. ISMS First District Trustee Albino Bismonte Jr., MD, of Gurnee, and ISMS First Vice President Silvana Menendez, MD, of Belleville, were Illinois' top recruiters in the House of Delegates Outreach program. Chicago physicians Joseph L. Murphy, MD, and Maynard Shapiro, MD, led the recruiting drive from the Hospital Medical Staff Section.

Other award-winning Illinois physicians in the House of Delegates program were ISMS Board of Directors Chairman Alfred J. Clementi, MD, of Arlington Heights; Joan Cummings, MD, of Hines; William J. Marshall Jr., MD, of Olympia Fields; Joseph Perez, MD, of Rockford; ISMS Immediate-past President Alan Roman, MD, of Blue Island; Arthur Traugott, MD, of Champaign; and ISMS Board Chairman Ronald G. Welch, MD, of Belleville.

Garnering recognition in the Hospital Medical Staff Section program were the following ISMS members: Donald Edwards, MD, of Dixon; Ronald Frus, MD, of Moline; Wilfredo Granada, MD, of Zion; and Lawrence Stone, MD, of Park Ridge. Illinois winners in the Young Physicians Section were Pamela Davis, MD, of Moline, and William McDade, MD, of Chicago. ■

PHYSICIAN FACTS

Physician charges for selected surgical procedures by geographic area, 1993

Procedure	N.Y.C.	Philadel.	Atlanta	Chicago	Denver	Dallas	L.A.
Lumpectomy	\$1,402	\$ 717	\$ 662	\$ 756	\$ 495	\$ 647	\$ 843
Cesarean section	4,807	2,707	2,895	2,999	2,594	2,444	3,350
Abdominal hysterectomy	4,854	2,704	2,555	3,230	1,884	2,339	3,161
Oophorectomy	2,760	1,940	1,691	1,838	1,123	1,415	1,907
Salpingo-oophorectomy	3,086	1,905	1,882	2,128	1,209	1,637	1,814
Coronary bypass (triple)	7,223	6,610	5,783	6,424	5,307	5,727	6,134
Appendectomy	1,882	1,142	1,140	1,361	965	1,183	1,430
Cholecystectomy	2,825	1,709	1,811	2,140	1,627	1,793	2,271

Source: Health Insurance Association of America, 1995

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 16, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Will County to get new clinic

ACCESS: Local physicians participate in the planning and implementation of the project. BY MARY NOLAN

[JOLIET] Will County health officials and area physicians broke ground in May for a new \$700,000 clinical services facility that will provide regular preventive medical care for some 80,000 residents who currently lack access to such care.

"This [facility] is one of the solutions to providing better medical care to Will County's indigent population," said Stanley Rousonelos, MD, a retired family physician from Joliet and a member of the Will County Board of Health. He first became involved in the project through his participation in the Will-Grundy County Free Medical Clinic.

Many people in Will and Grundy counties do not qualify for public aid but cannot afford medical care from traditional sources, Dr. Rousonelos said. The new facility will operate like a free clinic, although it will use a sliding-fee scale to collect payment from patients who are able to pay something toward their care, he explained.

The clinic, which is being constructed on the southeast side of Joliet, was designed to serve as a primary care and family health center. It will be equipped with state-of-the-art examining rooms, laboratories, waiting rooms, equipment, administrative offices, meeting rooms

departments were required to complete an I-Plan assessment or lose state funding, said IDPH spokesperson Laura Landrum. The Will County committee released its report in April 1994, listing access to primary medical care as the most important problem confronting residents, said Vic Reato, media services

manager for the Will County Health Department.

The new clinic is necessary to handle the area's heavy indigent population, said Robert J. Kramer, MD, one of the project's originators and a member of the Will County planning committee. Clinic officials intend to apply for Federally Qualified Health Center status for the facility once it becomes operational, Dr. Kramer said. Obtaining FQHC status would enable the clinic to receive enhanced Medicaid reimbursement rates, he noted.

When the facility opens, physicians will provide necessary medical care to patients

through affiliations with Joliet's two hospitals — Silver Cross and St. Joseph Medical Center. Both hospitals have pledged to provide physician coverage once the clinic construction is complete, according to Drs. Rousonelos and Kramer.

Although health department officials anticipate continued state funding, they said the bulk of the funding for the facility must come from community-based support. In addition, more clinics like this one and the existing Will-Grundy free clinic will be necessary to meet the area's growing needs, Dr. Rousonelos said. "[The department] will need more than two little clinics to help in the future." ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B CARE PLAN OVERSIGHT CLARIFICATION

As of January 1, 1995, separate payment for care plan oversight is allowed under the physician fee schedule (beneficiaries are liable for a 20 percent coinsurance). Separate payment is made for care plan oversight services furnished to beneficiaries who receive Medicare covered home health agency and hospice services under the following conditions:

1. The care plan oversight services require recurrent physician supervision of therapy involving 30 or more minutes of the physician's time per month.
2. The patient must require complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies.
3. Payment is made to only one physician per patient for services furnished during a calendar month period. The physician must have furnished a service requiring a face-to-face encounter with the patient at least once during the 6 month period before the month for which care plan oversight payment is first billed.
4. Payment is made for care plan oversight to a physician providing postsurgical care during the postoperative period only if the care plan oversight is documented to be unrelated to the surgery.
5. The physician may not have a significant financial or contractual relationship with the home health agency as defined by 42 CFR 424.22(d).

The physician may not be the medical director or employee of the hospice and may not furnish services under arrangements with the hospice, since Medicare payment for these services is included in the prospective payment made directly to the hospice. If a physician is a volunteer of the hospice, the physician is considered a hospice employee (42 CFR 418.3) and may not be separately reimbursed for care plan oversight. Separate Part B payments are limited to physicians that are not affiliated with the hospice (see 42 CFR 418.304).

It appears that some home health and hospice providers are volunteering to maintain the necessary documentation to support a physician's claim that thirty minutes or more of care plan oversight services have been provided during the calendar month for a particular patient. In addition, some home health agencies and hospices are providing physicians with standardized activity summaries to document the time spent with the patient. This is not consistent with Medicare policy guidelines. The regulation published December 8, 1994 (59 FR 63422) includes a preamble discussion which indicates that the physician can best describe the services furnished and the time spent by documenting them on the patient's record. Therefore, we require that the physician who furnishes the services document which services were furnished and the date and length of time associated with the service. We believe that the nature of individualized plans of care for patients requiring complex medical management is not adaptable to a standardized report.

(Issue: 08/11/95 - DB)

Although health department officials anticipate continued state funding, they said the bulk of the funding for the facility must come from community-based support.

and other related facilities. When fully operational, the new clinic will provide area residents who cannot afford health care with access to comprehensive services, such as an early intervention HIV program, pediatrics, prenatal care, and programs addressing sexually transmitted diseases and women's health.

BASICALLY, THE CLINIC will expand the department's existing services, said Patricia Langehennig, MD, medical director for the health department. The new clinic is an attempt to meet the public's demand for improved health care services in the area, she said.

That demand and the community's need for additional services were determined when the Will County Community Health Planning Committee participated in the Illinois Project for the Local Assessment of Needs. I-Plan was prompted by the Illinois Department of Public Health as a way for communities to assess the health needs of residents in their area. Local public health

Illinois Medicine

VOLUME 7, NUMBER 16

AUGUST 11, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT

Ronald G. Welch, MD CHAIRMAN OF THE BOARD

Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman

Edmund Donoghue Jr., MD

Richard A. Geline, MD

Raymond E. Hoffmann, MD

Jane L. Jackman, MD

Harold L. Jensen, MD

William E. Kobler, MD

Silvana Menendez, MD

Sandra F. Olson, MD

Janis M. Orlowski, MD

Scott Reid, DO

Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Narrowing the gap between medical and legal liability

It seems that people have been comparing medicine and law for more than 100 years. A story published in the St. Louis Globe-Democrat in September 1891 and excerpted in the St. Louis Business Journal compared the fees of lawyers and physicians in the 19th century.

Back then, the average attorney fee for a criminal case was \$200. Yet the reporter cited cases in which extremely high fees were charged and collected. For example, one lawyer who handled a county's loan default earned \$43,000, garnering more on that one case than most lawyers earned in a lifetime.

But contrast even the \$200 criminal fee with doctors' fees in 1891. The cost of an office visit was \$2, an exam for life insurance was \$5, and uncomplicated obstetrics ranged from \$25 to \$50. For delivery of twins, the charge was \$50. And you thought Medicare reimbursement was low!

Historically, there has also been a gap between the liability of physicians and that of lawyers. But that gap may be narrowing. A plaintiff who sued her cardiologist for malpractice went on to sue her lawyer for failure to "pick a better expert witness," according to the Wall Street Journal. Although increases in malpractice litigation against lawyers may be partly attributed to changes in the attorney-client relationship, "lawyers did much to create the litigation frenzy now plaguing them, by convincing peo-

ple that for every setback, someone is to blame," the story said. The publisher of a legal newsletter characterized the situation: "You wind up with simple cannibalization. Lawyers are eating lawyers to maintain their own standard of living."

A plaintiff who sued the tobacco industry, claiming that smoking caused his cancer, also charged industry lawyers with conspiracy to portray tobacco as safe, according to the July 31 National Law Journal. The story says that this case may well be the first of its kind.

Besides being on the receiving end of more lawsuits, lawyers are paying higher legal-malpractice insurance premiums. The average annual cost rose 63 percent between 1986 and 1994, stated a Pennsylvania consulting company.

At the recent annual convention of the Association of Trial Lawyers of America, ATLA leaders promised their top priority for the coming year would be a tougher approach to fighting tort reform. The incoming president, quoted in the National Law Journal, called on the organization to be a "little militia to get the message out. We need to take gloves off a bit and define who the enemy is," she said, naming the insurance industry, government officials and criminal wrongdoers.

As the gap narrows between the extent of legal and medical malpractice liability, ATLA members may eventually realize that the real enemy was themselves.

PRESIDENT'S LETTER

Medicare a problem at age 30

Raymond E. Hoffmann, MD



One of the main problems with Medicare is that recipients expect fully funded care for any and all medical conditions, with little or no out-of-pocket expense.

Thirty years ago, on July 30, 1965, President Lyndon B. Johnson signed the bill that created Medicare. Today, we are all hearing from Washington that Medicare is in trouble. I'm sure the increased media coverage is more because the Republicans are running up some trial balloons than because of an anniversary celebration. The Democrats tried to fix the health care delivery system last time and failed. It now appears that the responsibility for looking at this problem will fall to Speaker Newt Gingrich and his party. It sure looks like Republicans are trying not to repeat the failures of the past. For now, they are attacking a much smaller part of medicine: Medicare. They are also doing it openly and with input from lots of invited participants.

What is the problem? Why can't we just keep the Medicare system the way it is? The major problem is money. (Isn't it always?) Leaders and experts from all sides have looked at the current Medicare system and have said the trust fund will be bankrupt in the next few years. American voters, of course, don't want that to happen. I don't want it to happen, because I hope to be able to use that insurance fund when I become old and infirm.

One of the main problems with Medicare is that recipients expect fully funded care for any and all medical conditions, with little or no out-of-pocket expense. Doctors and hospitals have also come to rely on this. Recently, with high utilization and no possibility of raising taxes to cover the deficits, fully funded care is no longer possible. Comprehensive care is available, but the system provides only partial payment.

Another problem is that Medicare is an insurance system that aims to care for everyone who is eligible, and it has little or no controls. How can it be fixed? Very carefully.

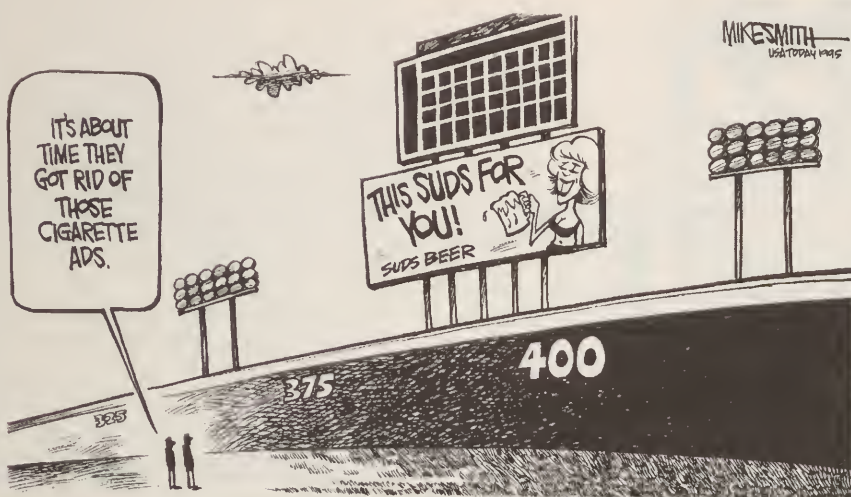
The solution needs to be very complex because the problem is so complex. Again the AMA has come through for us and is probably

the only organization to submit a plan to the Republican leadership. To fix the funding concerns, the AMA's plan would offer a coverage alternative to the current indemnity-type pay-something-for-everything plan. This second system would allow participants to choose from many forms of coverage - from HMOs to Medical Savings Accounts to catastrophic insurance. Each participant would buy that coverage with the same amount of money as would be paid under the traditional plan. If recipients chose a very high-benefit plan, they would have to pay the difference. Other changes would decrease the amount used to fund high-income beneficiaries and increase the eligibility age.

There are many other provisions in the AMA proposal concerning accreditation of health plans, antitrust law changes, self-referral changes, fraud and abuse concerns, and insurance regulation.

Although the system's working parts must be changed to preserve the program and to enhance its fiscal integrity, the goals of the program should not change. Patients' ability to choose their plan, their doctor and their hospital is fundamental. Physicians' ability to exercise their clinical judgment must be preserved. Individual responsibility in areas like disease prevention must also be maintained and enhanced. The foundation of any competent medical care system must continue to be a strong physician-patient relationship. As we are all finding out these days, this care now comes through many varieties of payment plans, hospital and office settings and physician associations. But for optimal care, patients must always be free to choose from the treatment plans recommended by their own physician.

Changes are coming. But with the strong physician representation we now have in changing the system, we have reason to hope that high-quality care built on a sound patient physician relationship will be maintained. That way we can celebrate this 30th anniversary and count on many more.



Reprinted with permission from USA Today

GUEST EDITORIAL

The raging hormonal debate

By Ellen Goodman

©1995, the Boston Globe Newspaper Co., Washington Post Writers Group. Reprinted by permission.

Funny how easily you can become nostalgic for the good old days, that halcyon era when women of a certain age were merely accused of suffering from raging hormonal imbalance. Now what's driving women berserk is raging hormonal debate.

There is even more hot news, yet another flash, or should I say bulletin, just in from the cutting edge of continuing confusion.

The latest of the serial researchers in the New England Journal of Medicine reports that women who use hormone replacement therapy for five or more years have a 30 or 40 percent greater chance of developing breast cancer than women who don't.

This front page bad news about hormones and breast cancer follows the front page good news about hormones and heart disease. In January we heard that the same therapy lowers the risk of heart disease by 50 percent. It lowers the risk of osteoporosis as well.

Thursday's missive also reports that adding progesterin to the hormone mix doesn't protect against breast cancer. But an earlier study said it does help protect against cancer of the uterus. And a still earlier study said uterine cancer is more likely to occur in women taking estrogen.

Are you still running with me? Where shall we go? To the nearest professional risk-assessor?

We have here another addition to what I imagine as the salad bar of personal health. The average patient, aka medical consumer or medical customer – as in let the customer beware – is now expected to step up to the bar with her personal plate and shaky set of tongs and pick the health items as she chooses.

Which would you rather have today, ma'am? Breast cancer or heart disease? Broken bones or perhaps just a sprinkling of uterine cancer? We don't get a whole lot of help as we warily try to choose our fate.

The doctors who were asked what to do in light of the new research offered tidbits of advice like, "You have to balance all of the information" and "It's a very tough decision to make." The folks who did this study gave the following helpful hint to bewildered women:

"These findings suggest that women over age 55 should carefully consider the risks and benefits of estrogen therapy...." Thank you so much.

I'm not trashing research itself. The studies are in a state called high flux. The latest is just one of 30 that looked at the link between estrogen and breast cancer with wildly incomplete and conflicting results.

But there are now some 12 million women taking estrogen, and the entire baby boom generation is beginning to experience the joys of night sweats and medical flip-flops. This is a generation of women who are medically savvy and medically frustrated because the stakes are so high and the certainties are so low.

It's easier to assess risks of long-term hormone replacement therapy when you look at the big public health picture. The big picture people say that heart disease kills 235,000 women a year, and breast cancer kills 46,000. Anything that helps prevent heart disease saves more women.

But the small picture, the close-up, becomes far more dicey. It increasingly looks as if cancer and heart disease are more "personal," more individual, than we thought. The private health portrait is an intimate one of a woman and her own "risk factors." Her genes, family history, blood pressure, diet, environment and who knows what else. We each have more variables than we have shoes.

I once assumed that my generation of middle-aged women would be the guinea pigs of menopause. Surely, before our daughters grew to be our age, we'd have the answers. I am no longer remotely sure of that.

There isn't one study that covers all or one therapy that fits all. And there isn't likely to be. Indeed, the uncertainties that typify the debate about estrogen are becoming a medical norm. That leaves us making decisions with little to help us but our factors – especially our fear factor.

So here we are – still. In the raging hormonal debate that is sure to be ratcheted up by this study, we are talking about odds, not cures, about trade-offs, not remedies. Women have become responsible for making mid-life decisions against a background of shifting and conflicting information. Without even a risk assessor to call our own.

The bottom line of all the research is this: "It depends." But the tough part is when your life may depend on "it depends."

Can't get a handle on it?
It's the guns, stupid

By Joan Beck

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

If it were Ebola virus killing 42,000 Americans this year, alarms would be sounding all over America and demands for action would be incessant.

If 42,000 Americans were dying and hundreds of thousands more were wounded this year in Bosnia or Kuwait or Somalia, protesters would be rioting in the streets.

When it's AIDS causing about 25,000 deaths a year, billions of dollars flow into research, red ribbons call caring attention to the epidemic and campaigns for safer sex and clean needle exchanges multiply.

When car and truck accidents take tens of thousands of lives every year and injure several times more, we set speed limits, stiffen traffic laws, require seat belts, invent air bags, tighten drunk driving penalties – and are gradually but steadily reducing the toll.

But when it's guns and other violence causing a horrific and increasing number of deaths and injuries and rapidly rising health care costs, we enjoy their dramatic excitement in movies and on TV as entertainment and allow our children to be exposed to the mayhem daily.

Now, however, there are a few budding indications of change.

This week, the Journal of the American Medical Association used almost all of its current issue to deplore violence, especially with firearms, as a medical problem – a significant cause of death, injury and medical costs. It is, JAMA declared, a deadly epidemic.

But American public opinion is still far ahead of its leadership on the issue of violence as a cultural, social, economic and medical problem.

Gun violence is rapidly becoming the leading cause of trauma-related death and injuries in the United States, according to JAMA. Such deaths increased 60 percent from 1968 to 1991 (from 23,875 to 38,317 annually), will reach 42,000 this year and already exceed motor vehicle deaths in seven states.

Unless something is done, the toll of deaths from gun violence will be higher than the total fatalities in car accidents in all of the United States by 2003.

The AMA draws its chilling picture of American violence with paint-by-numbers vividness:

- Death due to firearms is now the eighth leading cause of death in the United States. It stands fourth in terms of years of potential life lost before age 65.

- The United States has a deplorable record of homicides committed with guns. Handguns were used to kill 13,220 people here (1992 tolls), compared with 13 in Australia, 33 in

the United Kingdom, 60 in Japan and 128 in Canada.

- Ever since 1990, firearms have been the leading cause of the estimated 50,000 deaths annually due to injury to the brain. (Brain injuries caused by car accidents have decreased in recent years, while gun trauma has increased.) Tens of thousands of survivors suffer some loss of function and other disabilities and may need continuing medical care.

- A black male has a 4 percent lifetime chance of being the victim of homicide. Firearms violence is the leading cause of death for African-American males between the ages of 15 and 24.

- Over a five-year period, 44 percent of the victims of violent assault seen in urban trauma centers will be hospitalized again because of further violence.

- Almost half of all homes in the United States have at least one firearm. But in only 0.18 percent of all crimes and only 0.83 percent of violent crimes did the victims use a gun in self-defense. Homicides and suicides occur much more frequently in homes with guns than in those without.

- Including lost productivity, gun-related violence costs the nation about \$20 billion a year, with \$4 billion of it in direct medical bills.

But guns and other violence do far more damage to America than these numbers show. Violence – including the ultimate senselessness of drive-by shootings of strangers – adds a terrible burden to inner-city life. How can we tolerate American neighborhoods where children are afraid to walk to school for fear of being shot?

Violence makes us fearful and suspicious of each other. It costs us billions of dollars in security measures, forces us to accept the constraints of metal detectors and ID cards and diminishes the quality of our lives even when it does not hit us directly.

This nation has cut deaths and injuries from car accidents by a careful combination of laws, technology and changes in public opinion and behavior.

We can do the same with violence. It will take a careful mix of new gun laws, better gun technology (guns can be made that won't fire accidentally, for example), political and medical leadership and public pressures on media executives to cut down on the use of violence as entertainment. It will require many of us to reduce our personal fascination with gun ownership and with violent entertainment.

It won't be easy or quick. But it is possible. And it is terribly necessary. Now.

Edgar signs health care bills

ROUNDUP: New legislation affects the practice of medicine in Illinois. BY MARY NOLAN

[SPRINGFIELD] Illinois Gov. Jim Edgar signed a comprehensive tort reform bill early this spring, setting the tone for the 1995 legislative session. Since then, the governor has signed several other pieces of legislation of interest to Illinois physicians.

BREAST-FEEDING

On June 30, Edgar signed S.B. 190, which declares that breast-feeding infants in public is not an act of public indecency. The ISMS-supported bill amends the Illinois Criminal Code and is in accordance with ISMS House of Delegates policy, which calls on the Society to propose legislation ensuring women's right to nurse their babies in public. Before S.B. 190 became law, women who breast-fed in public could be charged with a Class A misdemeanor.

LIMITED LIABILITY

The governor signed S.B. 810 on July 21, enabling licensed physicians to practice medicine under a partnership agreement as a limited liability partnership or in a limited liability company organized under the state's Limited Liability Company Act. ISMS prompted the measure.

OPTOMETRY

ISMS and the Illinois Association of Ophthalmology urged the governor to

veto S.B. 185, but Edgar signed the measure on July 14. The new law gives optometrists the authority to administer and prescribe therapeutic drugs. Physicians opposed the bill because it expands the scope of practice for optometrists by allowing them to treat eye diseases like glaucoma without requiring MD or DO degrees and the related training. With this law in place, Illinois is the 45th state to grant such expanded authority to optometrists.

PARENTAL NOTIFICATION

On June 1, Edgar signed H.B. 955, a compromise parental notification bill that requires physicians to notify an adult family member 48 hours before an abortion is performed on a woman under the age of 18. Physicians who fail to comply are subject to a \$1,000 fine for the first offense and \$5,000 for subsequent violations. Those penalties will be levied by the state's Medical Disciplinary Board. The bill allows women under 18 to seek a judicial waiver from circuit court judges, who are required to appoint a guardian ad litem. Women who are victims of abuse can sign a statement attesting to that abuse and bypass the notification requirement. ISMS did not oppose H.B. 955 because it contains less-stringent penalty

provisions than another parental notification bill that also passed the General Assembly.

The law has not yet been enacted, however, because of a lawsuit filed by the American Civil Liberties Union.

PHYSICIAN PARTICIPATION IN EXECUTIONS

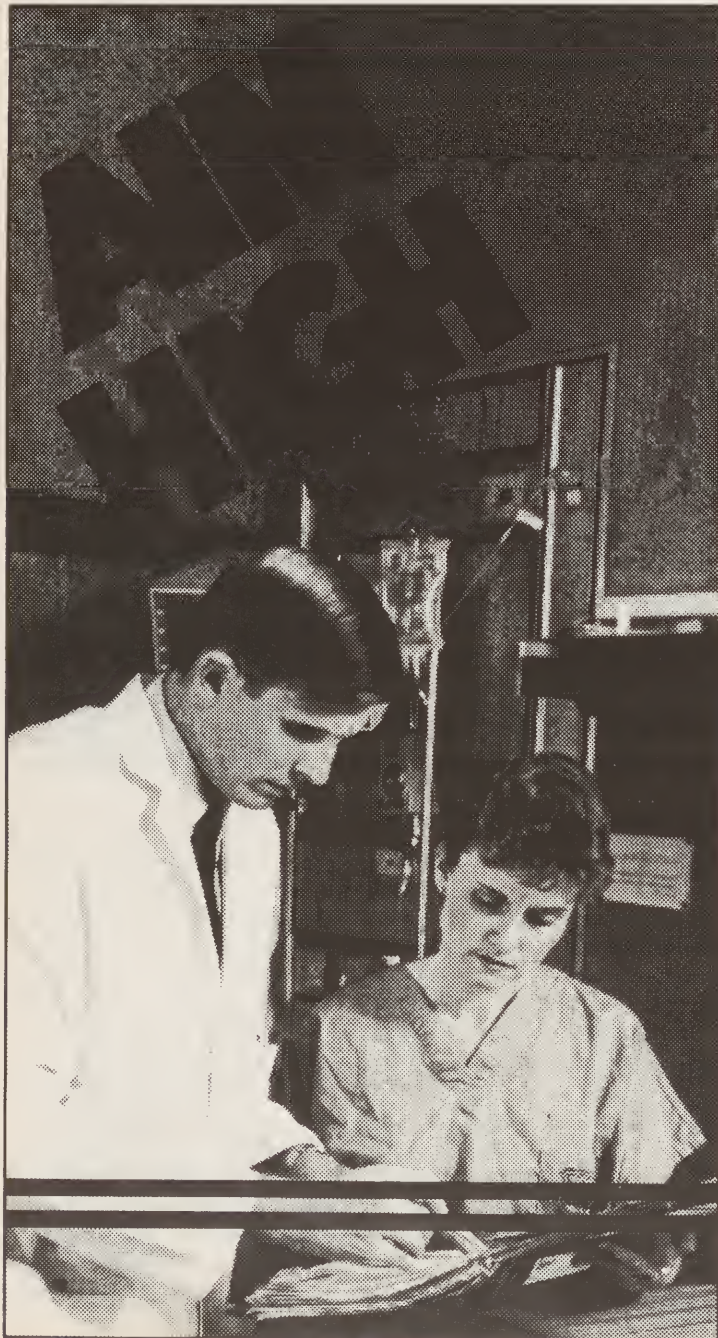
On March 21, Edgar signed a comprehensive crime bill that includes a provision exempting licensed physicians from disciplinary action if they participate in state executions. The governor approved the measure one day before Illinois held its first state-ordered double execution since 1952. During hearings on the bill, H.B. 204, two ISMS-prompted amendments were defeated. One would have deleted objectionable provisions, while the second would have precluded physicians from pronouncing the death of an executed inmate. The latter provision would also have incorporated ISMS House of Delegates policy prohibiting physician participation in executions and eliminating the state's current secrecy provision, which protects the identity of physicians who choose to participate.

PSYCHOTROPIC MEDICATION

A bill that became law on March 31 allows guardians who are at least 18 years old to authorize the administration

of psychotropic medication to individuals without having to seek court action. The ISMS-supported measure, S.B. 113, defines psychotropic drugs as those given primarily to patients who have mental illnesses or developmental disabilities as treatment for depression, anxiety or psychotic or manic behavior. The bill was introduced to mitigate the effect of an appellate court ruling issued two years ago concluding that the state's Mental Health and Developmental Disabilities Code required a petition, hearing and court order before a guardian could authorize psychotropic medication, regardless of whether the patient had consented to such treatment.

As Illinois Medicine went to press, five ISMS-supported bills still awaited action by the governor. On the governor's desk are H.B. 355, which eliminates liability for physicians who treat patients referred from an indigent care clinic, and H.B. 1876, which allows funds from unredeemed ISMIE Guaranty Fund Certificates to be donated to free clinics. Another bill, H.B. 1977, requires hospitals to report to the Illinois Department of Public Health any injury allegedly caused by a violent act. Edgar is also considering H.B. 1755, a bill that creates a primary care medical education advisory committee with representation from various organizations. In addition, the governor must act on H.B. 2330, which, in part, reflects House of Delegates policy on named reporting of people with HIV and on appropriate isolation of noncompliant tuberculosis patients. The deadlines for action on these bills fall between Aug. 11 and Aug. 20. ■



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle and benefits you enjoy as an Air Force professional, along with:

- 30 days vacation with pay per year
- Dedicated, professional staff
- Non-contributing retirement plan if qualified

Today's Air Force offers the medical environment you seek. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE 1-800-423-USAF



*Streamlining office
procedures can
reduce liability
exposure*

PAGE 8

ISMIE Update

**Lawyers are
being sued for
malpractice more
frequently**

PAGE 4

Patient follow-up requires commitment

Good systems can help physicians minimize their liability risks. BY RICK PASZKIET

Most physicians recognize the importance of an effective patient follow-up system to guard against misplaced files, unreported test results and inadequate documentation.

But what constitutes a good system? A master log sheet, an elaborate computer program or just an index card file? That decision often determines the quality of the follow-up itself, according to risk managers.

"More than ever, the demands of patient follow-up on a medical practice are great and time-consuming. The physician has no choice but to ensure that his or her office uses an adequate follow-up system," said Henry Martin-del-Campo, MD, a family physician and a member of several ISMIE risk management subcommittees. "Patient follow-up is considered a reasonable standard of care. Communicating a patient's test results promptly is the responsibility of the physician."

Especially because more medical tests are conducted in physicians' offices these days, doctors must establish a follow-up system that suits the needs of their practice, Dr. Martin-del-Campo noted. Physicians should anticipate fluctuations in patient load when establishing or adapting systems, he said. If patient volume is consistently higher, a more sophisticated system or procedures may be necessary.

"However, you always need constant, day-to-day follow-up procedures of a high standard," he continued. "These include a reliable check-off system for outstanding tests and an accurate patient log book that shows documentation."

An efficient and extensive follow-up system doesn't necessarily have to be burdensome. "Our follow-up is very basic and not excessively demanding. We use a master log system that tracks every patient who has had a test and documents that the patient has received a callback with the results," said Lawrence Lindeman, MD, a family physician at Seton Family Health Center in Chicago. "The key to our sys-

tem is that we ask the patients how they can be reached on the day that the test results are expected. The patient has to get that follow-up call – from the attending physician – on that specific day. The physician then indicates in the master log that the call was made. If for some reason the patient can't be reached, that fact is entered into the master log so that other steps are taken to communicate with the patient."

*The goal is to check –
and double-check –
that all the test
results have been
reviewed by the
physician and that if
any abnormalities do
appear, the patient
has been notified.*

But any follow-up system, no matter how sophisticated, will break down if its users don't stick to the procedures, Dr. Lindeman said. "Remember that the physicians and staff are the ones who ultimately create a fail-safe system."

Perhaps one of the greatest challenges is ensuring that patient communication and documentation are conducted responsibly. For instance, as a practice's patient volume increases, how should physicians prevent patients from falling through the cracks?

"Our office has two physicians, two registered nurses, a certified nurse midwife, as well as clerical staff. We treat 10 new patients a week, and when both physicians are present, we see about 75 patients a day. For us, a dependable follow-up system is a necessity," said Joni Keasler, office manager for the Naperville Women's Health-

care, P.C. "A good follow-up system requires dedication and commitment from the physician as well as his or her staff. You have to determine your follow-up goals so that clinicians and staff members alike will understand why you are following a certain procedure."

In Keasler's office, one staff member has primary responsibility for managing all clerical follow-up duties. Although that person's work is closely monitored by the two physicians, the delegation allows her to devote all her time and skills to making sure that the follow-up is done correctly and punctually, Keasler noted. In addition, designating a specific staff person to concentrate exclusively on patient follow-up prevents confusion about who should be contacted when a problem or question arises.

"Our office has a very tight and reliable follow-up system in place," said Keasler. "For example, let's say that a patient comes in for a Pap smear. We then document on our master log sheet that the test has been done and that the results will be available for review in a week. As part of the follow-up, the physician fills out a form that lists the precise nature of the test, where the patient can be reached, when the results are due and, of course, the date and time of the visit. All this infor-

mation is attached to the patient's chart.

"If the results show an abnormality, a special form is filled out and put in a tickler file of cases that need immediate attention," she continued. "The computer also generates a monthly report in which the status of all the follow-ups is described. The monthly report is reviewed by the staff person as well as the physicians. The goal is to check – and double-check – that all the test results have been reviewed by the physician and that if any abnormalities do appear, the patient has been notified."

A strong follow-up system must also include good documentation, Keasler stressed. "I've seen systems that relied only on index cards to document patient results and communication. Index cards may work well, but a master log and a computer system that also generates monthly reports provides an extra layer of protection. After all, an index card can be misplaced. It's good to have the back-up of a computer report."

If physicians assume that follow-up is being performed by someone else – like another doctor – and no one informs patients about test results or other conditions, patients could face delayed diagnoses and physicians could increase their liability exposure, according to risk managers.

"For the radiologist, the historic obligation is to leave the communication of the test results to the referring physician," said Leonard Berlin, MD, chairman of the radiology department at Rush North Shore Medical Center in Skokie. "Because of the interest expressed by consumer advocate groups, the trend is to give the test results directly to the patient, especially in the event of an abnormality."

In addition, the American College of Radiology recommends that when radiologists are faced with an "unexpected or significant abnormality," they should verbalize the results to the referring physician and document the results and the conversation in the patient's file, Dr. Berlin said.

"Unfortunately, there are cases in which patients don't receive their test results. But there is tremendous awareness today among physicians about the problems associated with follow-up," said Dr. Berlin. "No longer can you send a patient a first-class letter informing him about a test abnormality. Instead, you need to send a certified or registered letter."

Ultimately, the physician is the best-qualified person to determine what type of follow-up system his or her office should use, Dr. Berlin noted. "A busy office that generates a great deal of patient tests may need an elaborate computer system to organize and document the follow-up. [But] the most important factor is diligence. You have to adhere to your own system." ■

MALPRACTICE ROUNDUP

Hospital can be sued for physician's incompetence

Invoking the theory of corporate responsibility, the Oklahoma Supreme Court ruled that a hospital can be sued for a staff physician's malpractice if it knew the doctor had a "pattern of incompetent behavior," according to an article in *Lawyers Weekly USA*.

The court in *Strubhardt vs. Perry Memorial Hospital Trust Authority* ruled that a hospital has a "duty of ordinary care" to ensure that

"only competent physicians are granted staff privileges." The court also said that once a hospital has granted staff privileges, it must make sure it takes "reasonable steps to ensure patient safety when it knows or should know the staff physician has engaged in a pattern of incompetent behavior."

Not imposing that duty of ordinary care ultimately would let hospitals "bury their heads in the sand in the face of known incompetents" and put the "tools by which severe injury may be caused" into incompetent physicians' hands, the court said. ■

PRACTICE MANAGEMENT

Streamlining medical practice

Office procedures don't need to be complicated to be effective for patients and physicians.

BY KATHLEEN FURORE

Tired of playing phone tag with his patients, a Chicago physician recently invested in a message system that lets his patients receive test results and follow-up advice by phone at their convenience. "I was getting frustrated. I was making phone calls and not doing much work," said otolaryngologist Paul J. Jones, MD. "My patients love [the new system]. It really improves efficiency and at a low cost, too."

Dr. Jones is one of a growing number of physicians who are looking for ways to increase efficiency, improve patient care and satisfaction and boost cost-effectiveness. In many cases, their actions are prompted by managed care plan requirements and the need to control their overhead costs because of reduced reimbursements, explained Karen Zupko, president of the Chicago-based consulting firm Karen Zupko & Associates and a participant in ISMS' Consultant Referral Service.

"Practices today need to re-engineer their business as well as clinical systems," Zupko said. "[Areas with] inefficiencies need to be streamlined and updated to maintain practice profitability and to ensure that physicians can maintain their independence and not be forced into alliances or sales of their practice they will regret in the short or long term."

"Physicians have to take a step back from being clinicians and put on a business hat," noted Ed Conway, director of physician management services at ArcVentures in Chicago and a participant in ISMS' Consultant Referral Service. "Practices are under siege financially right now. What we do is apply business principles [to practice management]. That's where you get the real bang for the buck, but it's an area that's typically overlooked."

Using a good computer system is one way physicians can improve their office operations, according to the consultants. "One of the biggest problems we see

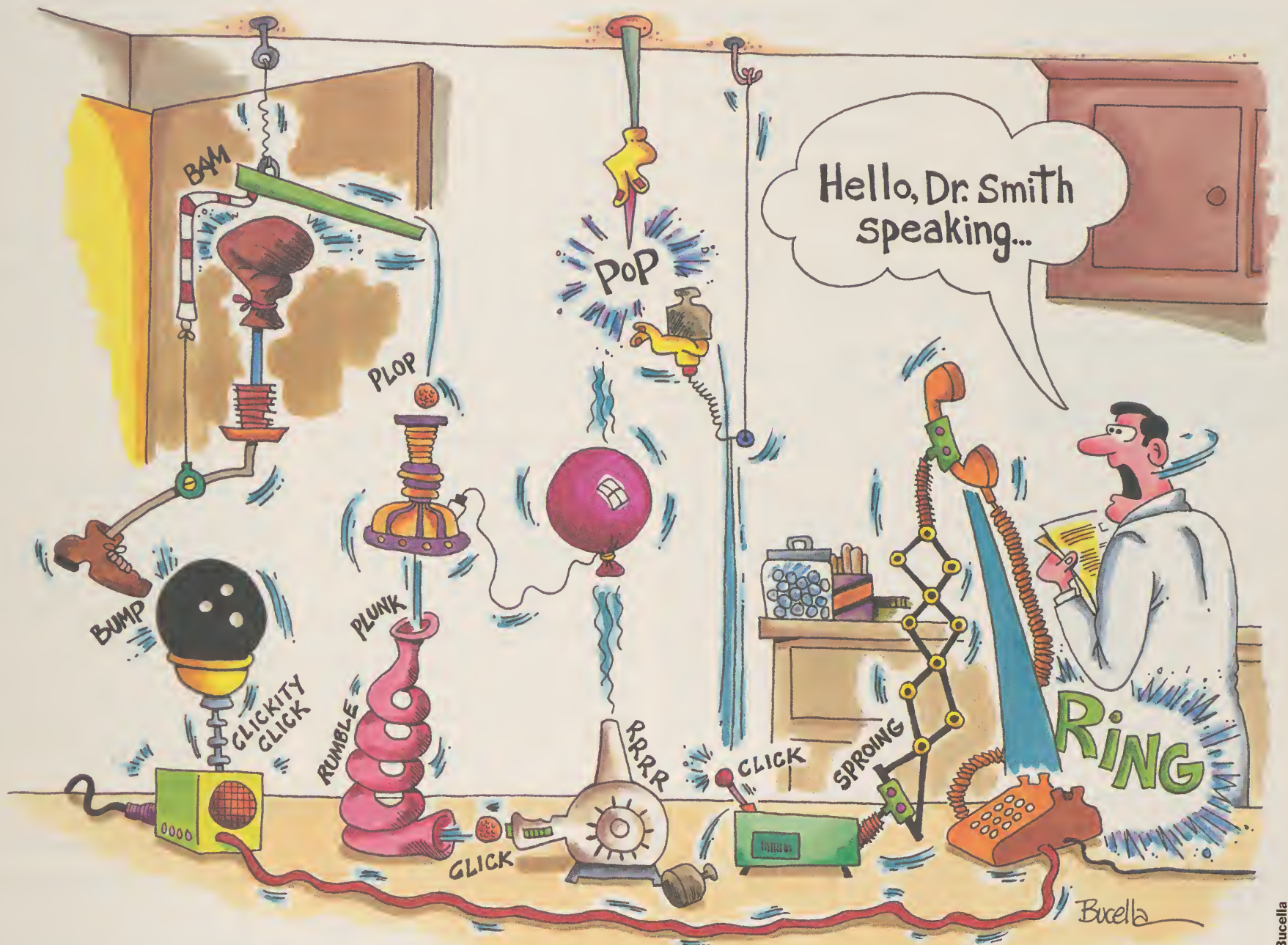
is the lack of good management information systems, which leads to inefficiencies throughout the health care system," said Thomas Gorey of Policy Planning Associates in Crystal Lake and a participant in the Society's Consultant Referral Service. "There tend to be fewer and fewer information systems as you go from large group practices to small practices and solo practitioners."

Physicians who do not use such systems or who use them at less than their full potential are wasting time and effort unnecessarily, Zupko said. "Many practices don't understand or trust computers, so they insist on keeping time-wasting duplicate business systems in place," she explained. "For example, they run hard copies of all claims and file them in patient charts, even though the necessary copy is in the system and more efficiently referred to in that form. It may be necessary to run copies of complicated case claims for surgeries, but it is certainly not necessary to do that for every office visit."

SCHEDULING APPOINTMENTS, tracking referrals, filing claims electronically and invoicing patients are other tasks that state-of-the-art information systems can handle, the consultants said. "Having an appointment book means only one person can schedule at a time. Using automation means several people can book appointments or simply glance at the schedule at once," Zupko noted.

Offices that don't file insurance claims electronically miss time-saving opportunities, she added. "We actually saw a practice that typed out each claim form and sent it to a processing site for electronic submission. Each claim had to be manually re-entered into the system."

Phone message systems like the one Dr. Jones now uses are gaining popularity, the consultants said. When Dr. Jones' patients undergo testing, they receive a confidential identification number before they leave



1000 JOURNAL OF POST KEYNESIAN ECONOMICS

his office. Five days after the tests, his patients can dial the network, enter their ID numbers and listen to Dr. Jones explaining their test results and the next steps they should take. There are default messages that tell patients to call the office in case of serious diagnoses, noted Carol Sidor, Dr. Jones' office manager.

"Dr. Jones will note that he has put the results on the network. If the results say the patient should make an appointment, I follow up if the patient doesn't call," Sidor said. "We get a bulletin every month saying who didn't retrieve their messages, and I follow up with them." Using the system has helped streamline the practice and saved time for Sidor, Dr. Jones and their patients. "It's been a very good thing. People aren't calling for results all the time. It really can enhance patient care."

Regardless of what type of streamlining system physicians use, documentation remains key, said Dr. Jones. Because the system Dr. Jones uses improves communication, he said he believes it also decreases his liability exposure. "From a medi-legal standpoint, if someone said I was difficult to get through to [for test results], this would make it very clear I've made test results accessible. I think it would go a long way

in showing I'm a patient advocate and that I try to communicate with my patients."

BUT ANY MANAGEMENT system is only as good as those who use it, the consultants stressed. Consequently, training office staff to use the system properly will optimize its efficiency and effectiveness, they said.

"Many practices have excellent software systems. Unfortunately, the staff isn't properly trained, and that can be an expensive mistake," Zupko explained. "For instance, many people aren't trained to load managed care fee schedules into the system, so they don't know whether they are paid accurately according to the discounts they agreed to."

In addition, physicians who are shopping for management information systems should talk to colleagues who are using systems successfully, contact three or four competing vendors and try the system to see how it works in a real practice, Gorey said. "Don't rely solely on information system vendors. Many doctors have ended up being disappointed because the systems ultimately didn't meet their needs."

(Continued on page 10)

Streamlining

(Continued from page 9)

Analyzing practice fee schedules is another critical aspect of running an efficient practice, according to the consultants. Even some large practices charge less for some services than the amount Medicare and their managed care plans allow, Zupko said.

In fact, closely monitoring fee schedules is key to a practice's profitability, Conway said. "You have to make sure your fee schedule is set so you're getting maximum reimbursement from all your payers," he explained. "If a fee schedule is less than stated in a managed care contract, you've left dollars on the table. Most managed care contracts say they'll pay 80 percent of allowables or 80 percent of your fee schedule. If your fee schedule is less, you'll lose money, especially if it's on codes you use frequently."

The consultants offered other efficiency-building suggestions as well. For example, the use of E-mail can "literally double" productivity, said Sandra Gill of Physician Management Resources in Westmont and a participant in the ISMS Consultant Referral Service. In addition, office staffs should develop protocols for dealing with irate patients and other difficult situations so those situations can be handled promptly and diplomatically, Gill recommended.

Physicians might also conduct patient focus groups and surveys to generate ideas to bolster practice efficiency and performance, Gill and Gorey suggested. "I think patients are the first to pick up

An MSO might be able to help physicians by negotiating managed care contracts at more favorable rates or reducing administrative hassles and paperwork.

on inefficiencies in medical practices. They often see problems before doctors see them," Gorey noted.

A MANAGEMENT SERVICES organization, too, can be a valuable resource for physicians seeking to compete locally in managed care, streamline their practices, increase efficiency and improve their bottom line, the consultants said.

"A well-capitalized, physician-driven MSO provides real advantages," Zupko said. "An MSO might be able to help physicians by negotiating managed care contracts at more favorable rates or reducing administrative hassles and paperwork. It might help physicians obtain better prices and bids for all office and clinical supplies that are used with frequency. And it can help with billing. Practices with no computer or an outdated system should see payments increase within 90 days."

An MSO initiative currently being

examined by ISMS would offer member physicians those kind of services, said Society President Raymond E. Hoffmann, MD. "Our first and foremost ongoing effort is the development of a management services organization that would give physicians the tools and infrastructure to help them form and operate a capitation-capable physician organization. Our motive is to assure physician independence and autonomy rather than have them become captives of insurance companies or hospital-driven systems whose motives are perhaps incompatible with the delivery of physician-directed, high-quality health care."

In a report to the Board of Trustees, ISMS' Committee on a Management Services Organization explained that any MSO information system developed by the Society would provide support for such activities as verification of eligibility and benefits, processing of claims and capitation payments, quality assurance reporting, physician management and credentialing, and capitation reconciliation for capitated physician organizations. If approved by the board, the Society's MSO would also help physicians with billing and collections, scheduling appointments, productivity reporting and other bookkeeping functions.

"Most practices could benefit from a management services organization. Small offices can't afford a full-time manager with the kind of experience and credentials that large groups can. They clearly need management services," Gorey concluded. "They can tap into management expertise by tapping into MSOs." ■

Doctor saves victim

(Continued from page 1)

said Loyola spokesperson Mike Maggio. Loyola recently became the state's first institution to receive a Level I trauma "verification" by the American College of Surgeons, an achievement recognized by hospital officials for provision of the highest level of care for injured patients, Maggio added.

Illinois State Trooper Malcolm Mitani applauded Dr. Griffith's actions in a memo to his sergeant. Her dedication to public safety and her presence at the scene prevented the accident from becoming fatal, Mitani said in the memo. She conducted a head-to-toe evaluation of the boy after he was pulled from beneath the car, "actions initiated without any reservation or second thought." Without her, the "child would have died on the scene," he noted.

Because of those actions, Mitani nominated Dr. Griffith for the lifesaving award, an annual honor given by the State Police Commission of Deputy Directors to recognize individuals for exemplary public service.

"It's nice that we were recognized for doing standard protocol," said Dr. Griffith. Schaumburg police officer Thomas Tanner, who assisted at the accident scene, was also nominated. The award will be presented in October.

Matthew Vogt recovered from his immediate injuries, and his motor skills are in excellent condition, Dr. Griffith said. However, "we won't be able to tell [about his full recovery] for about 18 months." ■

HOOVER & BRASELTON

ATTORNEYS AT LAW

20 NORTH CLARK ST.
SUITE 3600
CHICAGO, IL 60602
312-759-3907

Sam Hoover, MD, JD

Debra Braselton, RN, JD

Thomas J. Keevers, JD

PRIVATE COUNSEL FOR

Licensure Problems
Contract Negotiations
Partnerships and Corporations
Privileges Disputes
Medicare, Medicaid and Insurance
Fraud Allegations
Malpractice Actions
And Other Health Law Issues

Dermatologists file lawsuit against HHS secretary

COMPLAINT: Physicians say private meetings to determine the Medicare fee schedule violate federal statutes. BY KATHLEEN FURORE

[PEORIA] The American Society of Dermatology and two of its physician members filed a complaint July 5 in U.S. District Court in Washington, D.C., against Donna Shalala, secretary of the U.S. Department of Health and Human Services. The suit challenges the methods by which the Medicare physician fee schedule has been developed, said Kent Masterson Brown, a partner at Brown, Kinkead & Bullet in Lexington, Ky., the law firm handling the suit.

"The physicians filed this suit because Medicare fee determinations are being made by private individuals in a manner in which no one can view what they're doing. The meetings aren't noticed, and they're held privately with the secretary's agent to determine what the fees will be," Masterson Brown explained. "If federal officials use people in such a way, the meetings must be open to the public."

The plaintiffs filed suit after learning that since 1989, representatives of several physician advisory committees have met several times a year with HHS officials and representatives of the insurers under contract with HCFA, according to a press release from the American Society of Dermatologists. Those meetings occurred after the notice and comment period for the fee schedule had expired. The physician committees are the AMA/Specialty Society Relative Value Update Committee, the AMA/Specialty Society Relative Value Update Advisory Committee and the Health Care Financing Administration Multi-specialty Physicians Panels, the press release said.

"Among themselves, these individuals have determined the rates of Medicare reimbursement in a completely closed process," the release said. That process does not comply with the Federal Advisory Committee Act, the Government in the Sunshine Act, the Freedom of Information Act and the Administrative Procedure Act, Masterson Brown noted.

Those acts call for notifying the public of scheduled meetings, opening the meetings to the public, providing minutes of the meeting and filing charters with the Library of Congress that identify the individuals who advised federal officials and agencies, the press release said. The physician members of the American Society of Dermatology want the process for determining Medicare fee schedules to meet those requirements, which is why they filed the suit, Masterson Brown said.

"The secret process between AMA officials and [the] government, including the Medicare carriers, should be open to the public so that we can determine on what basis these rates are determined," said Chester Danehower, MD, president of the American Society of Dermatology, in the society's press release. Dr. Danehower declined to comment further on the suit.

This suit is similar to the one brought by several medical groups against the Clinton administration's health care task force, said Masterson Brown, who also worked on that case. "We got 5 million individual documents released as a result of that suit."

The government has 60 days to respond to the dermatologists' allegations. ■

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Shelly, (800) 334-6407.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the 100 top-performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Robinson, Illinois - Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwick, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Morrison, Illinois - Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwick, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414) 544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800) 326-2011, ext. 4700, for practice profile.

Physicians: All specialties. Residents welcome. Flexible schedules for MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp. at (800) 245-2662.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901, or (314) 453-1700.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215

Wisconsin: Monroe, a safe, family-centered community, is just one hour from Madison, Dubuque and Rockford and two hours from Milwaukee and Chicago. We are a 50-plus-physician multispecialty group practice with openings for BC/BE physicians in family practice, outpatient psychiatry, orthopedic surgery, dermatology and emergency medicine. We offer generous benefits, freedom from buy-ins and office management. Call schedules you can live with. New 114,000-square-foot clinic. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

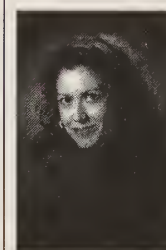
Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Home Physicians, Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$110,000 plus benefits. Part-time is a minimum of \$60 per hour. Also seeking a full-time medical director to supervise practice and make visits. Excellent compensation, including equity. For both positions, please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

Over 2000 hospitals and 2200 groups looking for physicians!



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

Kellie S. Johnson, M.D.
Cleveland, OH

Loan Forgiveness
Smaller towns
Higher incomes
Signing bonuses
1000's of locations

FP Urgent Care
No call/ inpatient
Set hours
Most communities
100's of jobs

Metro Cities
Established groups
Larger call groups
Great facilities
300 cities

Hem/Onc Ohio
Cardiology Texas
Surgery Virginia
Occ Med Ohio
Pulm Kentucky

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

OVER 2000 RURAL LOCATIONS



The
Curare
Group, Inc.

NEW OPENINGS DAILY!

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Classified Advertising

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and saving plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Technology assessment program seeks consultants to write assessments of safety and efficacy of new medical procedures. Qualifications are MD or PhD or equivalent in biomedical sciences, epidemiology or evaluation research; ability to critically review medical literature, including research design and statistics; and excellent writing skills. Send resume, writing sample, compensation requirements and time availability to Director, Technology Evaluation Center, Blue Cross and Blue Shield Association, 676 North St. Clair, Chicago, IL 60611.

Family practice, internal medicine, obstetrics/gynecology and urgent-care physicians needed to join single-specialty and multi-specialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity — part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work 2-4 half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your C.V. to the Medical Director, The Medical Laser Institute of America, 606 Potter Rd., Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.



Occupational Medicine/Illinois: The Center for Occupational Health at Saint Francis Medical Center, Peoria, seeks a family practice, internal medicine, or occupational medicine physician to provide patient care in its occupational health center. This growing occupational medicine program offers a full range of services, including pre-placement physicals, medical surveillance exams, work hardening program, wellness program, industrial hygiene and rehabilitation.

Currently two board certified physicians and support staff of nurses and occupational health technicians provide care for 60 client companies with more than 12,000 employees. This progressive program is growing steadily, as it provides for the occupational health needs of North Central Illinois.

Saint Francis Medical Center, 750 beds, is the major healthcare provider for the Peoria metropolitan area, population 250,000. The position offers regular hours and excellent compensation and benefits.

Peoria, a historic community on the Illinois River, has an excellent mix of prosperous business and industry. There are many options for education, recreation and culture.

Contact:

Dawn Hamman
Saint Francis, Inc.
4541 N. Prospect, Suite 400
Peoria, Illinois 61614
Phone: 800-438-3740; Fax: 309-685-2574

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club — prime location, corner of Rt. 59 and 83rd St., 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Chicago — near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tyco, Ritter, Miltek, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Please send replies to Box 2278, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. We will respond immediately.

Miscellaneous

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. (Recorded message gives details.)

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing — a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

18th Annual British Virgin Islands Medical Conference, January 29-February 2, 1996, Prospect Reef Resort, Road Town, Tortola. For more information contact Virginia A. Riisberg, Butterworth Hospital, Grand Rapids, MI 49503. Telephone (616) 774-1290, fax (616) 752-2911.

Do you want to get paid on your insurance claims in 14-21 days? Do you want to have fewer claims returned because of errors? Do you want to greatly reduce your outstanding receivables? Then call Owens Computer Services today at (217) 753-4736. Ask for Stacie or leave a message.

Summer diseases

(Continued from page 1)

pain, and swollen lymph nodes. In addition, one or more painless, red circular patches usually appear on the thigh, groin, trunk and armpits.

The department also urges people to take the necessary precautions to avoid tick bites, such as wearing long pants and using insect repellent.

The most common biting insect found in Illinois is the floodwater mosquito, which can carry encephalitis. About 1 percent to 2 percent of the people bitten by a floodwater mosquito may develop recognizable symptoms of encephalitis, an inflammation of the brain, according to Healthbeat, an IDPH newsletter. Two types of encephalitis – St. Louis and California – are prevalent from June through October, when mosquitoes are active.

Symptoms of St. Louis and California encephalitis are a slight fever and a headache. Severely infected people may experience the rapid onset of a severe headache, high fever, muscle aches, stiffness in the back of the neck, problems with muscle coordination, disorientation, convulsions and coma. Those symptoms typically occur between five and 15 days after an individual is bitten by an infected mosquito. The last major encephalitis outbreak occurred in Illinois in 1975, when 578 cases were reported and 47 people died, Healthbeat reported.

Most cases of St. Louis encephalitis occur in people 55 or older, but Cali-

fornia encephalitis strikes children. Three to four cases of California encephalitis have been reported every year for the last 10 years, except in 1991, when 15 cases were identified, Healthbeat said.

Unlike encephalitis and Lyme disease, which are accompanied by some extraordinary symptoms, food-borne ailments cause more ordinary symptoms like nausea, vomiting, diarrhea, fever or cramps. Those symptoms often appear within a few hours to two days after contaminated food has been eaten.

"It is important for all of us to know about food safety, but it is especially important for people who are particularly vulnerable to food-borne disease," warned IDPH Director John Lumpkin, MD. Of the thousands of Illinoisans who contract food-borne illnesses every year, some are more likely to become seriously ill or die because their immune systems are weakened or are not fully developed, leaving them unable to fight off the bacteria.

If food containing parasites or bacteria is not thoroughly cooked or is handled improperly, people who eat it are at risk for salmonellosis, E. Coli, hemorrhagic colitis, listeriosis and other food-borne ailments, according to IDPH. An uncommon type of salmonella, *Salmonella stanley*, was recently linked to the consumption of alfalfa sprouts, Dr. Lumpkin said. To date, there have been 18 confirmed cases in Illinois, with all but one from the Chicago metropolitan area. Four of the

cases required hospitalization. Ten other states also experienced numerous cases of this rare salmonella, according to data from the U.S. Centers for Disease Control and Prevention.

Symptoms of salmonella poisoning include headaches, muscle aches, diarrhea, vomiting, chills, fever, nausea and dehydration, which generally appear six to 72 hours after tainted food is eaten. People most susceptible to salmonella poisoning are children under a year old, individuals who have ulcers or take antacids and those with weakened immune systems, such as cancer patients receiving chemotherapy or HIV/AIDS patients, Dr. Lumpkin said.

To help prevent food-borne illnesses, IDPH proposed more stringent regulations regarding the cooking and handling of food in restaurants and other retail food outlets. The proposed requirements for food establishments include communicating the increased risks of eating raw or uncooked food and revising minimum internal cooking temperatures for ground beef. For example, restaurants would have to cook meat until it was gray or brown and the juices ran clear. In addition, hamburgers would be served well-done at fast-food restaurants unless they were specifically ordered rare or pink, according to IDPH. The draft regulations have already received public comment and are being reviewed by the Illinois General Assembly's Joint Committee on Administrative Rules. ■

New neurosurgery services outpatient center opens

[CHICAGO] The Chicago Institute of Neurosurgery and Neuroresearch at Columbus Hospital has expanded and relocated its outpatient center, according to hospital spokesperson Michelle Joesten. The institute's new center houses a diagnostic imaging department with computed tomography and magnetic resonance imaging, as well as a physical medicine and rehab area with a fully equipped gym and aquatic therapy pool. It also includes physician appointment, behavioral psychology and neurophysiology suites, Joesten said.

"We've looked forward to this day since CINN was founded eight years ago," said Leonard Cerullo, MD, medical director of the institute. "We are pleased to be able to offer all aspects of outpatient care in one convenient facility."

The new facility underscores the institute's commitment to move patient care to an outpatient environment, noted Sharon DeRosa, the institute's chief operating officer. "We're dedicated to using the latest technology and treatment methods to reduce our patients' length of stay. Facilities like ours help shift services out of the hospital, reducing costs and allowing patients to return to a normal lifestyle as quickly as possible."

Founded in 1987, the institute diagnoses, treats and rehabilitates patients with brain tumors, vascular malformations, aneurysms and back and neck disorders. ■



BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association

EXCEPTIONAL OPPORTUNITY AT BLUE CROSS AND BLUE SHIELD OF NEBRASKA

We have an opening for a Chief Medical Officer, preferably with an internal medicine or family practice background, to help develop and shape our corporate medical policies.

Interested candidates should see themselves as leaders, capable of interacting with our medical community as well as business leaders. We're looking for a physician with vision, business savvy, extensive knowledge of current medical issues, and a lot of energy.

Candidates must be licensed to practice medicine in the state of Nebraska (or be able to meet the requirements to obtain a license in Nebraska). Managed Care Certification and/or experience is highly desirable. Contact Micki Baldino, Sr. Vice President, Human Resources, in Omaha, Nebraska at 402-390-1813.

We are an equal opportunity employer M/F.

The Verdict Could Wipe You Out!



Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly one-half (47%) were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (APT) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an APT and its many legal advantages, call the offices of Robert D. Gillen at (708) 420-7300 today. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

Don't let a lawsuit wipe out a lifetime of work. Call today.

(708) 420-7300

**The Law Offices of Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Heat creates emergency

(Continued from page 1)

humid weather does not always lead to severe illness or death, Dr. Zun explained. At times, such exposure may cause milder symptoms, such as heat cramps and exhaustion. For those conditions, patients should drink plenty of fluids, rest and stay out of the sun. In some cases, intravenous fluids are necessary, Dr. Zun noted.

DURING THE FOUR-DAY HEAT WAVE, temperatures reached as high as 106 degrees with a relative humidity factor of 84

percent, reported the National Weather Bureau's Midwestern Climate Center. The 106-degree temperature at Midway Airport was reportedly the highest temperature ever recorded there.

"Humidity undoubtedly played a large factor in the heat-related deaths [because it] prevents evaporative heat loss," Dr. Donoghue said. Most people can tolerate extreme heat when there is little humidity. But as humidity levels near or exceed the outside temperature, people have more difficulty dealing with the heat, he said.

The increasingly widespread use of air conditioners may have even caused

problems for some residents, Dr. Donoghue noted. "Many people are accustomed to turning air conditioners on during the summer," regardless of whether temperatures skyrocket, he said. "They may not be getting acclimated to the heat." So, even though "air conditioners helped people, they may also have harmed them."

As the heat and humidity climbed during the crisis, large numbers of corpses were transferred from hospital emergency rooms to the medical examiner's facilities, Dr. Donoghue noted. Most corpses had body temperatures of at least 105 degrees, one measurement Dr. Donoghue

said he uses to determine heat as a cause of death. "It was obvious that many people had died in their homes, not only by their elevated body temperature but by the excessive amount of heat found in their homes. We call them heat-related deaths only when there is a [recent] history of heat exposure.

"When decomposed bodies were found and we learned through our investigations that the last time the victims were seen alive was when the heat peaked, we deduced that their deaths were heat related," he continued. This is the standard method used by many medical examiners across the country to determine such deaths, he noted.

Dr. Donoghue said he stands by the criteria he used to determine heat-related deaths, despite criticism from some Chicago officials who contended that the medical examiner's office had inflated the heat-related death toll.

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount)

Issue Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15-Year Rates available. AMA rates as of July, 1995.

Apply at age 45 for \$500,000 of coverage and females pay only \$610 each year for 10 years, males pay \$760.

ADVANTAGES

- Purchase as much as you need.
- 10-Year Policy renewable to age 100.
- 15-Year Policy renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

**PBT Physicians'
Benefits Trust**

sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional Coverage Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).



Andrew Corrigan Halpern

Station wagons and police department paddy wagons line up at the Cook County medical examiner facility waiting to drop off victims of the July heat wave. More than 500 people died in Chicago of heat-related causes during the crisis, which lasted for several days.

AS THE HIGH DEATH TOLL BECAME KNOWN, city officials were criticized for failing to act quickly enough – for instance, by implementing an emergency plan. Several days after the crisis, city health department officials responded by formulating a plan to prevent a recurrence of the disaster.

In addition, as part of the governor's declaration of a state disaster area, IDPH and the Department on Aging stepped up their visits to senior citizens, nursing homes and other facilities, according to a release from Edgar's office. Both departments, along with the Illinois Emergency Management Agency, also coordinated assistance from disaster relief organizations and community volunteer resources. "I have directed the Illinois Emergency Management Agency to work with city and county officials to gather the data that must accompany a request for federal assistance," Edgar said. Declaration of a state disaster area is necessary before an application for federal aid can be submitted. ■



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

A PICOM policy comes with something you won't find on most other medical malpractice policies – a "consent to settle" provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“It’s *frustrating* when people who aren’t doctors make decisions that affect my practice. Knowing physicians run ISMIE is such a *relief*. My concerns are their concerns too.”

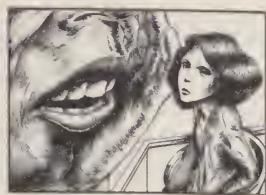


The government. Health insurers. Hospital administrators. With so many organizations and people who aren't physicians impacting medicine, it helps to have an ally that sees the world the way you do. Like the Illinois State Medical Inter-Insurance Exchange. ISMIE is owned, managed and guided by physicians. That means doctors have input into every decision, from underwriting criteria to risk management programs to the best way to resolve each case. So trust your professional liability coverage to the company that puts physicians' needs first. After all, ISMIE doesn't just insure doctors. We are doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

08/29/95

LPS PHYSICIANS REDUCE RISK (PAGE 8)



Does the media
influence jurors?

PAGE 10

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • AUGUST 25 1995



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Tobacco subsidy
measure defeated

PAGE 14

Circuit court rules hospitals can't employ physicians

DECISION: Employment agreement between surgeon and hospital ruled unenforceable by trial court. BY KATHLEEN FURORE

[CHARLESTON] In a decision that could have far-reaching impact for Illinois physicians, the Circuit Court of Coles County on June 15 found a general surgeon's employment agreement with a hospital void and against public policy. The ruling is significant because it states that only individuals licensed to practice medicine — not hospitals — may engage in a medical practice, according to ISMS General Counsel Saul Morse.

"This is the most clear-cut decision impacting on the issue of the corporate practice of medicine in Illinois in quite some time," Morse said. "The decision stands for the very important principle that physicians must maintain independence. And part of that is not being employed by or answerable to non-physicians."

The case involved general surgeon Richard Berlin Jr., MD, who signed a five-year employment agreement with Sarah Bush Lincoln Health Center in Charleston in December 1992, according to his attorney, Cam Dobbins of Dobbins, Fraker, Tenant, Joy and Perlstein in Champaign. He agreed "to render medical services in the practice of medicine," to "comply with the policies, standards and regulations established by Hospital," and to "devote his full working time and attention to the practice of medicine for Hospital," the contract said.

The agreement also stated that Dr. Berlin could not affiliate with "any person, firm or corporation engaged in competition with Hospital in providing health care services within a 50-

mile radius" during the term of the agreement and two years thereafter.

But Dr. Berlin resigned Feb. 7, 1994, and immediately began working for the Carle Clinic Association's Mattoon-Charleston branch, one mile from the hospital. Sarah Bush Lincoln filed suit against Dr. Berlin Feb. 8 to enjoin him from practicing at Carle, Dobbins said.

Ultimately, Dr. Berlin left Carle and set up a private practice. However, he filed suit against the hospital, seeking a declaratory judgment that the contract's restrictive covenant was unenforceable, Dobbins said.

"The main issue this case was tried on is that a hospital has no legal right to prevent a physician from working for a competitor within [the hospital's] service area," Dobbins explained. Dr. Berlin also contended the contract violated the Medical Practice Act, which prohibits the corporate practice of medicine and the kind of fee-splitting arrangement spelled out in his contract. Specifically, the contract provided that the hospital would set all fees and have the exclusive right to bill for Dr. Berlin's services, Dobbins explained.

ALTHOUGH THE DECISION is not precedent-setting because it was made by a trial court, its implications are significant, Morse said. "If physicians cannot be employed by hospitals for the purposes of practicing medicine and seeing patients, this could invalidate literally thousands of contractual agreements in Illinois. But the fact that an employment agreement is struck down

does not mean that a hospital could not have a management services agreement for that physician's practice. There are alternatives that would give the hospital less control and require the physician to be more active in his or her practice."

"The significance for Illinois physicians is that any contract between a hospital and a physician [through] which he or she becomes an employee, and not an independent contractor, is illegal and not enforceable on either side," said Dobbins. That could pose a danger for some physicians whose employment

(Continued on page 14)

INSIDE

**Supreme Court
upholds Florida
curb on lawyer
advertising**

PAGE 3



**Program provides
care for suburban
working poor**

PAGE 5

DEPARTMENTS

News Briefs.....2

Commentary.....6

ISMIE Update8

Classifieds12



Matt Ferguson

INSTRUCTOR Ginny Girtten (left) uses aquatic physical therapy to work with Shawna Mitchell, a patient at Marianjoy Rehabilitation Hospital in Wheaton. The hospital's aquatic physical therapists specialize in spinal cord injuries, pediatrics and outpatient orthopedic rehabilitation. Marianjoy provides inpatient and outpatient care in the greater Chicago area.

State Senate bills fight drive-through deliveries

GENERAL ASSEMBLY: Measures would extend the length of hospital stays. BY MARY NOLAN

[SPRINGFIELD] In the wake of extensive debate and media coverage of hospitals' early release practices for maternity stays, two bills have been filed in the Illinois Senate. Both would require insurers that provide maternity benefits to cover inpatient hospital care for 48 hours following a vaginal delivery and 96 hours after a cesarean section if the deliveries occurred in facilities licensed and authorized to offer pre-natal care.

A bill sponsored by Sen. Arthur Berman (D-Chicago) mirrors a recently passed New Jersey law. Another bill sponsored by Sen. James DeLeo (D-Chicago) differs in that it address-

es Medicaid recipients. Other bills dealing with this issue may also be introduced during the fall veto session.

"Insurance companies are interfering with the relationship of doctors and patients by using economic leverage," said Sen. John Cullerton (D-Chicago), who supports both measures. "That leverage is telling patients they have to go home sooner than they would otherwise. [With this legislation,] we're telling insurance companies to let the doctor and patient decide when to go home. It's a medical decision, not an economic decision."

Under the measures, insurance (Continued on page 14)

ISMS to offer managed care symposium

The Society will conduct a managed care symposium for ISMS members Sept. 30 at the Marriott O'Hare Hotel in Chicago. The daylong conference, "Physicians Seizing the Reins of Change," will illustrate the importance of physician leadership in the managed care arena, introduce ISMS'

Management Services Organization and help equip physicians with the tools and infrastructure to thrive under managed care. For more information or to register, ISMS members may contact the division of governmental affairs at (800) 782-ISMS. ■

***** 3-DIGIT 208
NATIONAL LIB OF MED 00538
TS-INDEX MEDICUS
3600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

DURING A JUNE 29 program in Grayslake, Sandra Dempsey, MD, a Gurnee internist and endocrinologist, discusses women's health care issues. Specifically, Dr. Dempsey provided the female attendees with information about menopause treatments, coronary artery disease, cancer, smoking and obesity. In addition, she urged the women to talk to their personal physicians about health topics of concern to them.



Chip Zellet

Bone density test can detect osteoporosis

[WASHINGTON] Few women know that a painless, widely available test can detect the earliest stages of bone loss associated with osteoporosis, according to a recent survey by the National Osteoporosis Foundation. Osteoporosis strikes more than 20 million women and 5 million men, most over 50, in the United States, according to foundation statistics.

Of the 1,000 women surveyed, 60 percent were unaware that thinning, weakening bones could be detected. And less than 4 percent knew of the bone density test, which is critical to early diagnosis of the disease, the survey said.

The test measures the density or mass of bone in the spine, hip or wrist – the most common sites of osteoporosis-related fractures, according to the foundation. The test is important because the disease often silently wreaks damage over many years until its victims fracture a hip, spine or wrist, according to a foundation press release. Postmenopausal women can experience bone loss from decreased estrogen levels but remain asymptomatic for years.

"Densitometry is really an entree into preventing osteoporosis," said Murray Favus, MD, director of the University of

Chicago's bone density program and a member of the foundation's National Scientific Advisory Board. "It's like trying to prevent hypertension – you take a patient's blood pressure to see where you are. Densitometry is like [using] a blood pressure cuff. We would like more doctors to discuss densitometry with more of their patients."

Most women polled said they were more likely to discuss osteoporosis and testing with their physicians after they learned a bone density test could reliably detect the disease. When detected, osteoporosis can be treated and managed with hormone therapy, a calcium-rich diet, vitamin D supplements and weight-bearing exercise.

All major medical centers with academic affiliations in the Chicago area offer bone density testing, said Patty Looker, regional director of the foundation's Chicago office. Testing is also offered at many suburban and Downstate hospitals – typically those that are part of large health care systems. Patients in rural areas, however, must usually go to a major medical center in cities like Peoria, Springfield, St. Louis or Champaign-Urbana, she said. ■

CDC issues tap water warning

CAUTION: People with weakened immune systems should consult physicians about drinking tap water. BY KATHLEEN FURORE

[WASHINGTON] The U.S. Centers for Disease Control and Prevention and the Environmental Protection Agency have issued new guidelines advising people with suppressed immune systems to take extra precautions before consuming tap water.

The guidelines are aimed at stemming the spread of cryptosporidium, a parasite that is commonly found in rivers and lakes and that can be fatal to severely immunosuppressed individuals, according to the CDC.

Cryptosporidium can cause severe gastrointestinal problems such as diarrhea, nausea and stomach cramps. Patients with HIV/AIDS or cancer, transplant patients taking immunosuppressive drugs and people with genetically weakened immune systems should discuss their risk of infection with their health care providers, according to a CDC press advisory on the guidelines. The parasite is not usually a serious threat to healthy people.

Physicians should consider cryptosporidium as the possible cause of watery diarrhea and other gastrointestinal distress that lasts more than 30 days, said John Lumpkin, MD, director of the Illinois Department of Public Health. Doctors who suspect cryptosporidium should order a special stool test for the parasite, because routine stool exams will not detect it, Dr. Lumpkin said.

IDPH does not recommend that physicians advise all their patients with weakened immune systems to avoid tap water, since water quality varies throughout the state. For example, the tap water in Springfield is from a lake and is therefore more prone to cryptosporidium than water in Rockford, which is drawn from a deep well. That's why physicians should evaluate each patient's situation individually, Dr. Lumpkin said.

Although there is no cure for cryptosporidiosis, infections can be cleared if a patient's immunosuppression is alleviated, according to IDPH press information. In addition, infected individuals should drink plenty of fluids and get extra rest, and physicians may prescribe medication to slow diarrhea during

recovery.

Patients who are advised not to drink regular tap water should boil water before drinking it or cooking with it or use a point-of-use filter that removes particles one micrometer or less in diameter. Such patients can also use bottled water derived from protected well and spring water sources, the CDC guidelines state.

A 1993 outbreak of cryptosporidiosis in Milwaukee, which affected more than 400,000 people, underscored the need for new regulatory standards and guidelines related to cryptosporidium in drinking water. In September 1994, the CDC convened a workshop to address public health concerns associated with the waterborne parasite. The CDC and EPA guidelines are one result of that workshop, the CDC advisory said. ■

Capitation prevails in managed care plans

[WASHINGTON] Most primary care physicians in managed care plans are paid under capitation arrangements, according to preliminary results from a survey conducted by the American Society of Internal Medicine. Specifically, almost three-fourths of the responding managed care organizations said they apply capitation payments to primary care doctors in their plans, and more than half said they use such payment for specialists, the survey found.

Thirty percent of the 209 managed care plans surveyed answered the questions about payment, scope of practice and credentialing trends. The results show how the changing health care delivery sys-

tem is affecting providers, said ASIM President Kathleen Weaver, MD.

"Physicians can no longer only concern themselves with patient care," said Dr. Weaver. "Today's doctor has to be part management consultant to be able to understand the pros and cons of different practice arrangements and choose the right ones for himself or herself and part negotiator to evaluate and arrange for the best contracts."

The survey also showed that managed care organizations prefer to use primary care gatekeepers to manage patients' access to specialty services. Nearly 90 percent of respondents said they use a gatekeeper model, and more than half allow internists and internal medicine subspecialists to act as primary care physicians and specialist consultants.

Although it identified an overwhelming use of health outcomes data and economic profiling to compare practice patterns, the survey showed just more than half of the respondents use that data to reward or penalize physicians or to determine if doctors should remain in a plan.

ISMS members who have questions or concerns about managed care or contracting issues may contact the Society's Consultant Referral Service, a resource that puts physicians in touch with managed care and practice management specialists. Call (800) MD-ASIST for an immediate referral. ■

PHYSICIAN FACTS

Health insurers' tobacco stock

In millions of dollars

	Prudential	MetLife/ Travelers	Cigna
RJR	\$ 12.5	\$ 54.0	\$ 1.5
Philip Morris	102.7	176.9	57.4
American Brands (Lucky Strike, etc.)	36.8	51.4	18.0
Loews (Kent, etc.)	96.9	7.1	

Source: SEC filings and stock prices, 1/1/95

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 17, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Supreme Court upholds Florida curb on lawyer advertising targeted at victims

DECISION: Attorneys can't contact accident victims or their families for 30 days. BY KATHLEEN FUREORE

[WASHINGTON] In a 5-4 decision, the U.S. Supreme Court on June 21 upheld a rule of the Florida Bar that bans personal injury attorneys from sending targeted, direct-mail solicitations to victims and their relatives for 30 days after an accident or disaster. The decision reversed lower court rulings in favor of a lawyer who challenged the ban on the grounds that it violated his right to free speech, according to the high court's opinion.

The purpose of the ban is to "forestall the outrage and irritation with the state-licensed legal profession that the practice of direct solicitation only days after accidents has engendered. The bar is concerned not with citizens' 'offense' in the abstract ... but with the demonstrable detrimental effects that such 'offense' has on the profession it regulates," the ruling said.

from complaints of direct-mail recipients. For example, a Florida citizen described how he was 'appalled and angered by the brazen attempt' of a law firm to solicit him by letter shortly after he was injured and his fiancée was killed in an auto accident," O'Connor wrote.

Justices Anthony Kennedy, John Paul Stevens, David Souter and Ruth Bader Ginsburg dissented. Kennedy called the majority "complicit in the bar's censorship. Attorneys who communicate their willingness to assist potential clients are engaged in speech protected by the First

and 14th Amendments.

"The court today undercuts this guarantee in an important class of cases and unsettles leading First Amendment precedents at the expense of those victims most in need of legal assistance," Kennedy added. ■

Lawyer advertising is commercial speech and, as such, is accorded only a limited measure of First Amendment protection.

Writing for the majority, Justice Sandra Day O'Connor said the "[Florida] Bar has substantial interest both in protecting the privacy and tranquility of personal injury victims and their loved ones against invasive, unsolicited contact by lawyers and in preventing the erosion of confidence in the profession that such repeated invasions have engendered."

O'Connor also noted that lawyer advertising is commercial speech and, as such, is accorded only a limited measure of First Amendment protection.

The Illinois State Bar Association filed an amicus brief with other state bar associations, expressing its support of the Florida Bar's rule, said Dave Anderson, ISBA's assistant executive director. "Our hope was for greater ability for states to regulate lawyer advertising. We're looking at the ruling to see how far [it] went. It's very clear a 30-day ban is constitutional. Now we are interested in advancing a similar rule in Illinois."

An ISBA task force is considering the issue and will make a proposal to the association's board of governors this fall, Anderson said.

During its two-year study on lawyer advertising and solicitation, the Florida Bar received numerous complaints from people who had been contacted by attorneys immediately after accidents. Those complaints prompted the bar to create the month-long blackout period, according to a copy of the Supreme Court ruling.

"The [Florida Bar] study summary ... includes page upon page of excerpts



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

UPDATE: OUTPATIENT PRESCRIPTION DRUG PROGRAM

As described in a previous *Report for Illinois Physicians*, Blue Cross Blue Shield of Illinois (BCBSI) initiated a new pharmacy management program in January of this year. Utilizing the support and expertise of Wellpoint Pharmacy Management, a corporate prescription drug formulary was designed and distributed to all BCBSI participating physicians. This new initiative was designed to promote therapeutically appropriate and cost-effective drug use for those insured persons with a prescription drug benefit.

The importance of increased attention to the area of pharmaceutical costs is underscored by the fact that, despite more widespread and intense management of pharmacy benefits, drug expenditures continue to increase. Most managed care plans are experiencing annual drug program cost increases in the range of 10 - 15%, driven by both increases in the volume of prescriptions written (as measured by the average number of prescriptions per member per year), and the unit cost of prescribed pharmaceuticals. In general, HMOs expend approximately 10% of their operational expenses on drug benefits - ranking third behind inpatient costs and physician charges. Data collected over recent years and through the first quarter of 1995, indicated that the experience at BCBSI is no exception with respect to drug costs.

One approach to reducing the cost of providing this valuable benefit is to increase the use of drugs that are on the BCBSI formulary, and in particular, those that are generic, as the average generic prescription costs approximately one fourth as much as the average brand name. Presently, 38% of prescriptions filled through the BCBSI pharmacy program are dispensed as generics, and overall formulary compliance is at 78%. The maximum possible rate of generic use is projected to be 58%, underscoring a significant opportunity for improvement. We believe that the optimal overall formulary compliance rate should be near 95%.

As a result, during upcoming months, BCBSI will be undertaking another new activity, aimed at better informing participating physicians of cost saving prescription alternatives, chosen to minimize any potential disruption in a patient's therapy. On a quarterly basis, we will send to a sampling of high volume prescribing physicians a letter detailing profiles of their prescription patterns with respect to four high cost and high use therapeutic drug classes, along with suggestions for on-formulary alternatives. Accompanying the letter, will be a claim history on their individual patients who are receiving medications within these classes, so that for these patients, the physician may assess the feasibility of the alternatives. Initially, these classes will include ACE inhibitors, NSAIDs, lipid lowering agents and peptic acid medications. Other classes of important agents, such as antibiotics, may be added in the future. Physicians will be provided with an opportunity to comment on the approach, and the program will be re-evaluated by the end of the year for its effectiveness.

SIU residency program addresses psychiatrist shortage

RECRUITMENT: A partnership with Illinois' DMHDD helps attract psychiatrists Downstate. BY KATHLEEN FURORE

[SPRINGFIELD] Psychiatrists are in short supply Downstate. To help combat the problem, the Southern Illinois University School of Medicine is basing part of its four-year residency program at the Clyde L. Choate Mental Health Center in Anna, according to Earl Loschen, MD, a professor of psychiatry at SIU.

"The shortage of psychiatrists in southern Illinois is serious, especially in community settings," Dr. Loschen explained. "The ratio of patients to psychiatrists is 10 to 15 times higher than in the city of Chicago. It's not unusual to have to drive hours to get psychiatric services in southern Illinois."

In the southern half of the state, there is one psychiatrist for every 150,000 to 250,000 people, but the recommended ratio is one for every 10,000 patients, according to SIU.

To establish the residency training program, SIU collaborated with the Illinois Department of Mental Health and Developmental Disabilities, Dr. Loschen said. The partnership combines the academic expertise of SIU's faculty with the Anna facility and some financial support from DMHDD. The medical school connection has helped Choate attract several new psychiatrists who also became volunteer faculty members, according to an SIU press release.

"We now have three graduates who have done their rotations [at Choate] and now practice in the area," Dr. Loschen said. "So we do know we can have an impact on psychiatric manpower in the area over time."

One of those graduates is William Mings, MD, who recently completed his training and practices psychiatry at the

Carbondale Clinic. "I was taking my second residency and found the program at SIU to be very thorough and versatile," said Dr. Mings, who previously practiced ophthalmology in the area and completed 18 months of psychiatric training at Choate. "It gave me access to people and programs in Springfield not available locally. If I couldn't have completed the [SIU] program, I could have been lured off. In general, the program helps residents develop connections in the community, and they find it is a nice place to live. It naturally increases the likelihood of staying in the area."

Recognizing the residency training program will not provide a quick fix to the psychiatrist shortage, SIU has begun scheduling junior medical students for six-week psychiatry clerkships at Choate. And thanks to a new tele-

medicine network connecting SIU's Carbondale and Springfield campuses, students can travel the 20 miles from Anna to Carbondale to participate in classes via video with juniors doing psychiatry clerkships in Springfield, Dr. Loschen said.

"It's a long process — it takes more than just an agreement. But the program has helped," said Robert Marks, MD, DMHDD's associate medical coordinator for mental health services. "It makes it more attractive to psychiatrists if there is university involvement. People are exposed to public psychiatry, see that there are interesting people interested in it and that there is a lot of good to be done."

DMHDD has similar collaborative agreements with the University of Chicago, Northwestern University and Loyola University, according to Dr. Marks. ■

Prenatal care programs developed in Cook and Kane counties

ACCESS: Physicians try to reduce the mortality rate for poor infants. BY MARY NOLAN

[MAYWOOD] Health officials in Cook and Kane counties have established community-wide initiatives offering prenatal care to medically indigent women in Chicago's western suburbs.

In Maywood, the Loyola University

Medical Center and the Cook County Department of Public Health developed a program that relies on the voluntary participation of local hospitals and primary care physicians to improve prenatal care and reduce the infant mortality

rate. "Our primary intent is to remove the barriers to access to health care for underprivileged women by offering services through community hospitals in the neighborhoods where people live," said John Gianopoulos, MD, a Loyola Ob/Gyn and director of the division of maternal fetal medicine. "The Loyola-Cook County prenatal program [also] provides training opportunities for resident physicians in community-based health care."

The program seeks to reduce infant mortality through prenatal care and education, he said. "As we draw more of these women into the health care system, our hope is that they, other children at home and their families will receive comprehensive primary care."

Dr. Gianopoulos and other program organizers also hope to decrease the number of women who receive no prenatal care and visit a doctor or hospital only when they are ready to deliver. "[We] want to ensure long-term pediatric health services and nutrition for babies after discharge from the hospital," he noted. The 1993 infant mortality rate for Cook County's western region, which encompasses 35 communities, was 9.3 per 1,000 live births, he said. In that same area, the mortality rate among African-American babies was 16.5 per 1,000 live births. That rate has risen as high as 20 per 1,000 live births in some western communities.

Women enrolled in the Loyola-Cook County prenatal program undergo an initial evaluation at a Maywood clinic staffed by physicians from Loyola, West Suburban Hospital in Oak Park and MacNeal Memorial Hospital in Berwyn, as well as primary care doctors affiliated with other area hospitals.

After the evaluation, women on Medicaid are referred to hospital clinics and private physicians' offices in their communities for continued prenatal care. Those who are ineligible for Medicaid continue receiving care at the clinic. In addition, pregnant women who are considered high-risk are referred to a high-risk Ob/Gyn program at Loyola Medical Center.

"Women who either receive public aid

or have no means of health care often experience difficulty in locating physicians to serve them in their own neighborhoods," said Sandra Martell, ambulatory care director and former prenatal care coordinator for the Cook County Department of Public Health. That access barrier is the reason many women visit the closest emergency room when they need delivery services, Martell noted.

The Cook County program was modeled after a similar initiative in DuPage County through which pregnant and medically indigent women are screened at a county clinic and referred to obstetricians throughout the county. High-risk patients identified in the DuPage program receive care at Loyola.

Specialists who treat patients referred from indigent care clinics are now immune from liability, thanks to an ISMS-supported bill that passed during the last legislative session.

In Kane County, another hospital and county health department partnership was recently announced. Beginning July 1, Copley Memorial Hospital and the Kane County Health Department began operating a program through which pregnant patients are screened by health department staff at an Aurora clinic and referred to physicians who participate in Copley's prenatal care program. Hospital officials estimate that area physicians will treat about 350 patients in the program during the next year.

"About one-third of the women who deliver their babies here at Copley have had absolutely no prenatal care," said D. Chet McKee, president and CEO at Copley. "At a time when hospitals are challenged to meet community needs, we can't think of a more beneficial program than this new effort engaging a large number of our local physicians."

Most women who participate in the Copley program obtain their prenatal care from the clinic and then give birth at the hospital, according to information from program officials. In addition, program participants receive a postpartum checkup from a physician six weeks after they give birth. ■

ANNOUNCING

Cost-Effective

MEDICAL MALPRACTICE
INSURANCE ALTERNATIVES

Malpractice Insurance Alternatives Are Available For:

- Physicians, regardless of your practice situation.
- Group Practices: existing and in formation. Traditional and emerging practice settings.
- Any type of Healthcare Facility or Healthcare Delivery System.

For more information, at no obligation, on your malpractice insurance alternatives, contact the malpractice insurance specialists:

**Cunningham
Group**

1100 Lake Street, Suite 230, Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

Program provides care for suburban working poor

ACCESS: Physicians help their communities by helping patients. BY HELENE BERLIN

[WESTCHESTER] Gene Hollingsworth, MD, a pediatrician in Prospect Heights, was the first physician to sign on with Access to Care, a program through which the working poor of suburban Cook County receive primary care. But he doesn't recall being the first. "That's what they tell me – all I remember is that someone from this new program asked me to become involved, and I immediately said yes. I thought it was a great idea."

Many more doctors – and thousands of patients – also thought it was a good idea. Access to Care is now in its seventh year, annually serving up to 11,000 people.

About 5 percent to 10 percent of Dr. Hollingsworth's practice is composed of Access to Care patients. At the outset, participating physicians decide how many of the program's patients they can see, and they're paid the "princely sum of \$52 per patient per year," explained Victoria Bigelow, president of the Suburban Primary Health Care Council, which created and administers the program.

For a LaGrange family physician, a desire to help the community was the main reason for participation. "I received my education partly at taxpayers' expense and feel I owe something back," said Susan Panek, MD. It's a "program that specifically targets people who fall between the cracks – who are not able to pay out-of-pocket, have no affordable insurance and don't qualify for public aid."

Those cracks are growing into a sizable gap. In Cook County, the number of medically indigent people increased from 88,000 in 1988 to 124,000 in 1994, according to the Metropolitan Chicago Information Center. Statewide, 9.9 percent of Illinoisans under age 65 – nearly 1 million people – have no health coverage, the center said.

To qualify for Access to Care, patients must have a family income of less than 200 percent of the federal poverty guidelines – for example, \$30,300 or less for a family of four; must provide proof of income, such as a stub from a paycheck or unemployment benefit check; must be uninsured or have a deductible of \$500 or more per person; and must be ineligible for Medicare or Medicaid.

The heads of households of two-thirds of the program's patients are employed, according to program information. "Access targets people who are trying to stand on their own feet – whose jobs don't provide them with any [insurance] or with affordable health insurance," Dr. Panek said.

If accepted, patients are assigned a primary care physician as close as possible geographically and are matched by language if necessary. Patients pay \$5 per office visit, \$3 for lab tests and X-rays, \$10 for brand-name prescriptions and \$4 for generics.

Providing early, cost-effective treatment is a priority. "If we can get people into the office and treat them early for mild sinus infections and the like, maybe they won't end up in the hospital or emergency rooms," said Dr. Panek.

The largest source of funding is the Cook County Board of Commissioners, with additional support from municipalities in suburban Cook County, as well as private and corporate donations.

"I applaud the physicians who have committed their time, talent and energy in helping this underserved population that otherwise might forgo care," said Cook County Board President John Stroger.

One physician who has been committed to the program for four years is Vasantha Kumaraiah, MD, a Tinley Park internist with specialties in hematology and oncology. "I have picked up malignancies among Access patients coming in

for sick care, but then difficulties often arise concerning further medical investigation or hospitalization," he explained, citing the case of an obese diabetic patient who smoked and whose X-ray showed a mass in the lung.

Because the program provides only primary care, physicians cannot admit such patients to their own affiliated hospitals. They can, however, refer patients back to Access to Care, which has

arrangements with Cook County and Oak Forest hospital clinics. The program facilitates necessary referrals and makes the appointment at the clinic.

The board of the Suburban Primary Health Care Council is currently considering whether the role of the program should change or expand – for example, to include subspecialties or surgical care, said board chairman Mark Grach.

Even with the frustrations, Dr. Kumaraiah said he believes the program performs an essential role in delivering care. "I believe in helping the community. Someone will help my children if they ever need it."

Physicians interested in participating may call the council at (708) 531-0680. ■

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)

Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus . . .

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

Individual & Group Health Care • Long Term Disability • Other Benefit Programs

Illinois Medicine

VOLUME 7, NUMBER 17

AUGUST 25, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orłowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Expanding access

There's no question that access to health care is a problem for low-income residents of our state. Almost 1 million Illinoisans – nearly 10 percent of the population under age 65 – lack health insurance, according to the Metropolitan Chicago Information Center. In Cook County, the number of medically indigent increased from 88,000 in 1988 to 124,000 in 1994, the center said.

When people discuss the access problem, though, they sometimes overlook one important factor: indigent care clinics. In Illinois, they are scattered across the state, and thanks to the efforts of caring physicians and other health care providers, they are flourishing.

In fact, physicians in the East North Central region of the United States, which includes Illinois, provide more charity care than in any other area, according to a 1990 AMA survey.

This issue of Illinois Medicine highlights three initiatives, in different areas of the state, that are increasing access. One helps the working poor of suburban Cook County receive primary care. A physician participant summed up one of the program's goals as provision of early treatment to keep patients from needing emergency rooms and hospitals.

In the southern half of the state, there is one psychiatrist for every 150,000 to 250,000 people, even though that ratio should be one to 10,000, according to Southern Illinois University. Through a four-year residency program, the Department of Mental Health and

Developmental Disabilities collaborates with medical schools like SIU's to provide training in psychiatry. Beyond that, the program has attracted affordable psychiatric care to underserved areas, and some residents have even decided to stay on after completing their residencies.

The third effort highlighted in this issue is taking place in Cook and Kane counties, where public health officials, hospitals and physicians are working together to provide prenatal care for uninsured pregnant women.

Additional programs abound. On Chicago's Northwest Side, there's the Northside Community Health Resource Facility, staffed almost entirely by volunteers who see about 70 patients per week. The clinic was created, in part, to encourage young people entering health care to learn the needs of the inner city and to help meet them, according to the Chicago Tribune.

There's also the Alivio Medical Center in Pilsen, Chicago's oldest Mexican immigrant community. The center, which was built in 1986 on the parking lot of a muffler shop, was expected to serve 5,000 patients in 1994, said the Chicago Tribune.

Indigent care clinics are also in operation or under way in Springfield, Bloomington, Joliet and elsewhere. Whether the care is free or based on a sliding fee scale, primary or specialized, these clinics fill a growing need for patients. Support one in your area. ■

PRESIDENT'S LETTER

Isn't eight hours going too far?

Raymond E. Hoffmann, MD



Clearly, many mothers and babies have been saved by the care and expertise that are available only at hospitals.

One new move by health insurance companies is to force health care back into the homes of America. Hospitals have been identified as a major expense area in health care. So, the reasoning goes, if we can just get patients out of the hospital, our insurance costs will go down. The fallacy in this argument is that if the stable, recovered patients are not inpatients, the hospital can simply charge more for those who are in the hospital. The total cost does not go down. And the insurance companies just cherry-pick the healthy patients to cover.

This problem is now hitting new mothers, who are going home much earlier than they did a few years ago. That's great if they and their babies are ready. Sure, we can supply visiting nurses. But can they stay at the house or be available 24 hours a day? Are patients' families really ready to become nurses, with little or no training?

The headlines recently have been full of the debate about the shortened stays for postobstetrical care. Some are calling them drive-thru deliveries. TV shows debate and sensationalize this problem. Specialty societies and the AMA have also considered it. In fact, an AMA resolution submitted just a year ago was concerned with 24-hour hospital stays. Now some women are being forced to go home after only eight hours.

The American College of Obstetricians and Gynecologists has warned about this "large, uncontrolled, uninformed experiment" on American women and their babies. It agrees that early discharge is safe if all the parties have mutually agreed to it, taking into account medical risk factors, support systems and the mother's readiness to care for herself and her baby. ACOG and the AMA have called for controlled experiments to help us decide what is best for mothers and babies.

Pediatricians have recently pointed out that the incidence of

kernicterus from perinatal hyperbilirubinemia is increasing while the length of postnatal hospital stays is decreasing. Although there is no proof that early discharges and kernicterus are related, this is a scary problem. Here, the insurance coordinators may have sacrificed a short-term gain (a few hours of hospital time) for a long-term health problem (mental retardation). Is that a saving?

I must admit surgeons have bought into this trend also. Laparoscopic cholecystectomies are being sent home earlier than ever. Frequently they go home the day of operation. Is that too short? Are surgeons practicing good cost-effective medicine, or are they just going along with this early discharge? Each case must be individually assessed before discharge. But these laparoscopic cholecystectomy patients are adults who have taken care of themselves for years.

Newborn infants and first-time mothers are entering a brand-new world. They need to know the concerns and problems that can come up. Kernicterus is not something new mothers would be expected to know about. The few more hours of hospital stay may just give them that extra information and instruction needed to stay out of trouble.

What will be next? Will drive-thru deliveries give way to drive-by deliveries? Why bother going to a hospital at all? Clearly, many mothers and babies have been saved by the care and expertise that are available only at hospitals.

In this rapidly changing health care environment, probably the most important role for physicians is to maintain the quality of care we give our patients. If an eight-hour stay has pushed the envelope too far, we have to be there to speak up and lobby for our patients. Nowhere will it be more important for us as physicians to use our compassion and knowledge than in the care of the patients we serve. ■

GUEST EDITORIAL

Study won't appease critics

By Joan Beck

© Copyrighted Chicago Tribune Co. All rights reserved. Used with permission.

Teasing out the truth can be tricky when the subject is breast implants, the vagaries of health are involved and money – lots of money – rides on the answers.

Getting people to believe the truth can be stickier.

The question is simple. Have silicone breast implants damaged the health of at least some of the estimated 1 million to 2.2 million women in the United States and Canada who have gotten them since 1962?

This week, the question got the best answer we are probably going to have. A large-scale study published in the current New England Journal of Medicine reports no link was found between silicone breast implants and connective-tissue diseases or their symptoms.

The research done by Harvard Medical School, Harvard School of Public Health and Brigham and Women's Hospital in Boston used data from a long-term study of the health of 87,501 nurses. Of them, 516 had connective-tissue diseases and 1,183 had breast implants, 876 of them filled with silicone gel.

But only three of the women with connective-tissue disease – rheumatoid arthritis – had breast implants. Only one had implants filled with silicone – statistically insignificant.

The results are so definitive and consistent with earlier research that many health experts now consider

the case closed. Some are urging the Food and Drug Administration to lift the moratorium on implants imposed in 1992.

But even if medical research can't find a cause-and-effect link between silicone implants and immune-system disorders, the legal system has been eager to do so – and highly successful.

Billions of dollars are now at stake. Hundreds of thousands of people have a financial – and emotional – stake in linking implants to illness, whether it is true or not.

There is no doubt some women have had problems because of breast implants, including localized pain, scar formation, inflammation, enlarged lymph nodes and misshapen breasts because implants have shifted or hardened. Some implants have ruptured or leaked.

What's at issue now is whether leaks, or suspected leaks or just the presence of intact implants can cause a wide variety of immune system illnesses and other vague symptoms.

The more media attention complaints about implants have gotten, the easier it is for women – and some of their physicians – to assume they are responsible

for the illnesses for which no other cause is found. When a few women sued implant manufacturers and got multimillion dollar settlements, it became even more tempting to blame implants for a variety of ailments.

The result is one of the largest medical product liability messes in history.

Faced with a growing number of lawsuits, several implant manufacturers agreed to fund a \$4.23 billion global settlement fund to pay women enrolled in a class-action case – even though there is no convincing evidence that implants caused the problems of most of the claimants.

Already, about 400,000 women have filed claims as part of the class action – far more than can receive the anticipated payments of \$140,000 to \$1.4 million. An additional 8,000 to 11,000 women are suing implant companies on their own in hopes of larger awards.

Dow Corning Corp., whose share of the class-action settlement pot is \$2 billion and who is a major target of the individual suits, threw up its corporate hands and filed for bankruptcy in May.

It is difficult to prove a negative beyond any doubt, especially when the health of millions of women is involved, symptoms can be vague and have many different causes, and individuals can react differently. When a clear biological link can't be found, researchers have to rely on public health surveys like the Harvard study.

The new research should settle the controversy, but it won't. The study is already under

attack. It didn't involve enough women, critics say. It failed to look at symptoms of a new and poorly defined illness some women and doctors attribute to silicone implants. (Harvard researchers said they could not study such vague, subjective and unverified symptoms as fatigue, weakness, decreased ability to sleep, frequent sore throats, dizziness, loss of mental acuity and joint pain.)

Critics also point out that Brigham and Women's Hospital received a research grant from Dow Corning and one of the scientists involved had done eight hours of paid consulting for law firms representing the company.

Ideally, the reaction to this new research should be to cheer its confirmation that implants are not the major danger to women. Ideally, the data should help weed out lawsuits that have no scientific justification.

Ideally, researchers should be able to get on with finding the causes for the ailments women are suffering and corporations should not be scared off from developing new medical products and drugs that are urgently needed.

But what's likely to happen is just more controversy.

GUEST EDITORIAL

Medical fads: bran, midwives and leeches

By Sherwin Nuland, MD

Copyright © 1995 by the New York Times Co. Reprinted by permission.

Better watch out or the pendulum of medical dogma will bash your head in. It swings back and forth far more often than most people realize, and with far more velocity. Last week's report that testosterone's role in male aggression may be quite the opposite of what has long been thought is only the most recent example of physicians' tendency to flip-flop dramatically, and with great confidence.

Thirty years ago, patients with diverticulitis, an inflammation of small outpouchings of the colon, were routinely treated with a diet low in roughage. There was no uncertainty about this course of action because decades of experience and clinical studies had verified its value. And yet, only a few years later medical opinion reversed: decreased roughage was found to be not a panacea but a cause of the disease. This new medical discovery was announced with the same assuredness and supported by just as much evidence as had been used for precisely the opposite viewpoint.

Such pendulum swings suggest that medical science is much more of an art than anyone wants to admit. And one can pull many more examples from the history of medicine. The lead article in the June 15 issue of the New England Journal of Medicine describes the increased risk for breast cancer in postmenopausal women who are given hormone replacement therapy. This is well within memory of the teaching that hormone treatment does not affect the likelihood of cancer at all. The data that supported the old opinion seemed just as unequivocal as today's contradicting data.

Leeches, a staple of the therapeutic arsenal for more than 2,000 years, began to disappear from American pharmacy shelves after the mid-19th century French physician Pierre Louis used statistical methods to show that there is no benefit to removing blood from a patient's body. Now the little worms are back in style, albeit locally, to decrease the congestion during certain kinds of reconstructive surgery.

The advent of antisepsis and modern obstetrics near the turn of the 20th century demanded perineal shaving, absolute sterility and a surgical aura for childbirth, until it was shown that such precautions were unnecessary. Today's hospitals strive to create the same atmosphere that was present during home delivery a century ago.

And what about breast cancer? Until late in the 19th century, attempts to cure it by surgical means were almost futile. Most physicians, in fact, had never seen a patient survive more than a few years after an operation. And so a mood of what historians call "therapeutic nihilism" prevailed; many afflicted women thought it useless or even harmful to seek medical help, and their physicians agreed. And then, along came Dr. William Halsted in the mid-1880s to

point out that the real problem was surgical timidity. If operations were extensive enough, he argued, many women would be saved. Halsted's introduction of the radical mastectomy resulted in a cure rate so impressive that his procedure became the gold standard against which all other forms of treatment were measured. For decades, very few doctors questioned the wisdom of mastectomies, regardless of the stage of the cancer or individual variation in the malignancy.

But radical mastectomy became a victim of its own success. Recognizing that cures were possible, patients began to seek medical help earlier in the course of disease. For these women, less radical operations were eventually shown to be just as effective.

The drastic shifts in breast cancer treatment, from nihilism to radicalism and then back toward minimalism are due to several factors: new knowledge, earlier diagnosis and a changed cultural perspective on what patients find acceptable. All of these are easily explainable to the general public. What is more difficult for most people, though, is to accept that medical care is often based on much less solid scientific evidence than has been assumed.

Unlike other areas in which fads come and go, medical styles are meant to be supported by irrefutable evidence. That assumption is so far off the mark that the term "medical science" is practically an oxymoron. Dr. David Eddy of the Jackson Hole Group has estimated that no more than 15 percent of medical interventions are supported by reliable scientific evidence.

When the new testosterone findings were reported in the New York Times last week, Dr. William J. Bremner of the University of Washington was quoted on the vagaries of hormone research. "It's more of an art form than a science form," he said. His comment is applicable to virtually all medical practice. Because of individual variations among patients and physicians, clinical medicine will always be in large measure an art, and that is a good thing.

Clinical theory and decision-making are a mix of science, experience, contemporary culture, authoritarianism, personal bias and even emotion. Each time a factor changes, the stage is set for one pendulum or another to begin its journey to the other side.

With increased recognition of the present confusing state of affairs, attempts are being made to make a science of biomedical science. Even the federal government has put an oar in the water, by establishing the Agency for Health Care Policy and Research to encourage the investigation of long-term therapeutic outcomes. If this keeps up, who knows? Perhaps one day the pendulum will stop swinging altogether. But I wouldn't stake my life on it.

Dr. Nuland is a clinical professor of surgery at the Yale School of Medicine.

It is difficult to prove a negative beyond any doubt, especially when the health of millions of women is involved.

*ISMIE earns
high marks from
policyholders*

PAGE 9

ISMIE Update

**Office risk
management
seminars slated**

PAGE 9

ISMIE helps physicians reduce risk

The Risk Management Committee provides education and support for physicians. BY KATHLEEN FURORE

Helping policyholders reduce their risk of lawsuits and strengthen their defense in the event of a claim are the primary goals of ISMIE's Risk Management Committee. The committee identifies repetitive, preventable causes of loss and develops programs to help physicians and their staffs minimize the possibility of patient injury and nondefensible claims, said Jere E. Freidheim, MD, the committee's chairman. The committee also provides support for physicians and their families when they are faced with malpractice litigation, he said.

In September 1988, the ISMIE Board of Governors ratified the creation of the Risk Management Committee, which evolved from ISMIE's Loss Prevention Committee. "The focus of the Risk Management Committee was expanded to prevent incidents from happening and to minimize loss after an event has occurred," Dr. Freidheim explained.

Dr. Freidheim's 9-year tenure on ISMIE's Board of Governors helped groom him for his role as chairman of the Risk Management Committee. He also learned about risk management issues from his private pediatric practice. But he stressed that chairing the committee has been an ongoing educational process. "[ISMIE] brought on people who are risk management professionals. Risk management

ISMIE offers resources

ISMIE policyholders and their office staff can take advantage of the many risk management products, programs and services available. Those resources include the following:

- Videotapes covering depositions and trials for physician defendants, the role of expert witnesses, the anatomy of a malpractice claim and trial, a survival guide for physicians and their families, guidelines for conducting interventions for impaired physicians and the importance of documentation. Videotapes can be borrowed free for up to 14 days.

- Brochures on how to cope with the stress of malpractice litigation; medical record access and retention; malpractice depositions and trials; the role of expert witnesses; the reporting of incidents, claims or suits; physicians' role in defend-or-settle decisions; ISMIE's Physician Assistance Program; and guidelines for hospital committees to help impaired doctors. Also available are a defendant information kit and a guide for

physicians beginning to practice in Illinois.

- Specialty-specific brochures that explore liability issues in anesthesia, family practice, general surgery, laparoscopic cholecystectomy, radiology, ophthalmology and silicone gel-filled breast implant surgery.

- Audiotapes on claims related to brain-injured babies, cancer detection and diagnosis, and medication mishaps.

- Seminars on loss prevention strategies, management of malpractice suits and risk management strategies for office staff.

- A speakers bureau to provide presentations to clinics, offices, hospital medical staffs and local medical societies on general risk management topics such as documentation, patient communication, loss prevention and specialty-specific concerns.

- Self-study programs on risk management in the office or hospital, and development of risk management skills.

For more information, policyholders may call ISMIE's risk management division at (312) 782-2749 or (800) 782-4767. ■

principles were developed and presented to us for application to practicing physicians. It has been a real learning experience."

Under Dr. Freidheim's leadership, the committee has developed seminars, tapes and printed materials that address the legal, medical and administrative aspects of risk management.

Free videos on giving depositions and serving as an effective defendant provide practical information and help prepare physicians for litigation. One

tape shows a mock trial based on a case from ISMIE files. The committee also offers two self-study programs — "Managing Your Risk in the Office/at the Hospital" and "Developing Risk Management Skills." Both are approved for Category 1 Continuing Medical Educational credit, Dr. Freidheim said.

Seminars presented by Risk Management Committee members and defense attorneys are popular resources for ISMIE policyholders and their staffs. They

provide hands-on information about documentation and communication techniques and high-risk medical practice issues, Dr. Freidheim said. "The committee has held seminars on the failure to diagnosis cancer and on brain-injured babies. And we plan to have one on risk management problems in managed care this October."

ISMIE's supportive, nonpunitive Risk Management Remedial Program helps policyholders seeking assistance and those who

are referred by the Physician Review and Evaluation Panel and the Physician Review Committee. Doctors participate in one of the program's four levels, depending on their individual needs, Dr. Freidheim explained.

Physicians who need an overview of risk management principles may complete an ISMIE self-study course. Those who require more in-depth information about liability, record-keeping and communication techniques are asked to attend a loss prevention seminar. Physicians who can benefit from intensive, individual attention to modify their behavior and practice patterns undergo an office assessment conducted by a Risk Management Committee member and an ISMIE risk manager. And doctors whose losses stem primarily from documentation errors and who need individual assistance are asked to attend a documentation workshop, Dr. Freidheim said.

"One of our more proactive services is the office review," said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors. "It's an excellent tool to help physicians spot vulnerability in their office procedures."

Guided by Dr. Freidheim, the Risk Management Committee has also established specialty-specific subcommittees that identify potential problem areas for physicians. "The subcommittees

Loss Prevention Committee paved the way

Even before the ISMIE Board of Governors formed the Risk Management Committee in 1988, ISMIE addressed risk management issues and concerns through programs developed by its Loss Prevention Committee.

"When [ISMIE] was formed in 1976, we found there was a series of reasons physicians were sued even when they weren't liable," said Chairman of the ISMIS Board of Directors Alfred J. Clementi, MD, who chaired the Loss Prevention Committee for 12 years. "We thought that if we could identify the causes that didn't have to do with the actual practice of medicine, it would be helpful and would prevent losses."

ISMIE identified three potential problem areas: medical records, communication and the tendency of some physicians to overextend themselves or practice beyond their area of expertise, Dr. Clementi said. In response, ISMIE developed programs to help physicians effectively manage those aspects of their practices. The first program was held in 1979.

"Initially, programs were developed for and given to those who had not had a bad [malpractice] experience," he said. "We presented them to the county medical societies and anyone who was interested. The first 1,000 to 1,500 [physicians] we

presented to had never been through a case."

ISMIE encouraged residents to attend the programs but had little success, he noted. "We tried to interest residents, but never having been involved [in malpractice litigation], they thought it only happened to bad doctors."

As ISMIE's experience with loss prevention grew, its physician leadership recognized the Loss Prevention Committee could accomplish even more if it broadened its scope. That's when the Risk Management Committee was created. "After about seven years or so, we realized we could develop even more activities that could be helpful, so we expanded," he said.

Programs for physicians' office staffs, for example, were added after the Risk Management Committee's inception. Physicians also became more actively involved in program presentations.

In addition, the Risk Management Committee has expanded and improved the office evaluation program, Dr. Clementi said.

All indications are that the education efforts have been beneficial. "We've had many physicians who attended the programs say they wish they had taken a course before they got into trouble." ■

— Kathleen Furore

look at [ISMIE] closed claims and develop risk management recommendations [based on the information]," Dr. Freidheim explained.

Among the specialties for which subcommittees have been formed are obstetrics and gynecology, orthopedic surgery, general surgery, anesthesiology, family practice, plastic surgery, ophthalmology and radiology. Subcommittees have also been convened to develop information on such high-risk topics as breast implants and laparoscopic surgery, he added.

The subcommittees play an important role in educating specialists, reducing risk, and improving patient care, said anesthesiologist Henri Havdala, MD, chairman of ISMIE's anesthesiology subcommittee. "We identify problems in anesthesiology and look at how to avoid them." The subcommittee then communicates its findings through seminars, newsletters, journals, brochures and stories in Illinois Medicine.

One key subcommittee finding is that carefully monitoring a patient's blood pressure after administration of a spinal anesthetic can significantly reduce poor outcomes, Dr. Havdala said. "This has been helpful in preventing risk and injury and in saving patients' lives. It used to be that one in about 10,000 patients died from anesthetic-related incidents. We think now it is one in 250,000 to 450,000. And we think it has happened because of the knowledge we've gained and shared."

Formation of a subcommittee to examine risk management issues in managed care is the Risk Management Committee's most recent undertaking, noted Dr. Freidheim, who also chairs the new subcommittee. "Managed care is such a hot topic, and there's not a lot of data available. We're trying to come up with some risk management principles and recommendations related to managed care."

"Many physicians are unaware of the risks involved in managed care," explained Richard Sperling, MD, a subcommittee member. "Managed care organizations are almost immune [to malpractice litigation]. [But] malpractice attorneys are jumping into this, and physicians are getting stuck. Our subcommittee wants to help physicians address the problems, come up with solutions and tell them things they should know [before they enter a managed care contract]."

"Through these various committees and subcommittees, ISMIE provides a service to help find areas in which physicians are vulnerable to lawsuits," Dr. Jensen explained. "The Risk Management Committee is designed as an educational resource for physicians. But it also affects ISMIE's bottom line, since our policyholders cross-insure one another. If we can reduce the number of lawsuits, it is an economic benefit to us all."

Physicians who participate in ISMIE risk management programs receive valuable benefits, Dr. Freidheim said. For example, one physician who attended a risk management seminar told Dr. Freidheim: "When it comes right down to it, so much of it is common sense, but we don't think about it. I wish there had been [a seminar] like this early on in our careers."

"I think this committee can take things like poor documentation, which physicians should think about but don't, and do something about it," Dr. Freidheim concluded. "We can make an impact not after-the-fact but before [a problem occurs]."

Office risk management seminars slated

ISMIE will offer interactive risk management workshops geared toward physician office personnel at various locations statewide this fall. To help meet individual needs, the workshops are specialty-specific in Ob/Gyn, surgery and primary care.

Workshop locations include Rosemont, Peoria, Rockford,

Chicago, Oak Lawn, Oak Brook, Matteson and Effingham. The programs are three hours long, with morning and afternoon time slots. The cost is \$10 per registrant, and all attendees must preregister by mail to guarantee a place at the workshop of their choice.

For more information, call the ISMIE risk management division at (312) 782-2749 or (800) 782-4767, ext. 1327. ■

ISMIE earns high marks from policyholders

Survey shows continued satisfaction with ISMIE's defense teams. BY MARY NOLAN

The third study has been completed in an ongoing series of surveys to monitor policyholder satisfaction with the ISMIE claims process. Most policyholders who returned questionnaires expressed satisfaction with their ISMIE defense team – a claims representative and defense counsel. That result was similar to findings from the previous survey.

Policyholders received three questionnaires, each at a different stage of the claims process. The first was mailed to policyholders within 60 days of the opening of a claim against them. The second was sent to policyholders 60 days after their claims were forwarded to the ISMIE Physician Review Committee for a settle-or-defend decision. And the third was mailed to policyholders whose claims closed during the survey period. To continue evaluating the performance of ISMIE's defense teams, the same survey process will be repeated semiannually.

The survey extended from January through June 1994, with 1,341 questionnaires mailed to policyholders. Of the physicians who expressed satisfaction with the service they had received, most had been insured with ISMIE for at least 10 years. Most respondents said that if they were faced with another claim, they would like to work with the same ISMIE representative and defense counsel. Specifically, 80 percent of respondents would want the same ISMIE representative again. Eighty-one percent would want the same defense counsel again.

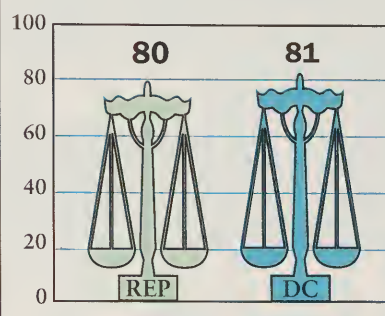
"We are enthused about the results. They illustrate just how successful our Physician-First Service program has been for our policyholders," said Harold L. Jensen, MD, chairman of the ISMIE Board of Governors. "We are also quite pleased with our 52-percent response rate for this survey period."

"The information we receive from the surveys is analyzed continually in an effort to fine-tune and enhance our claims processing and Physician-First Service efforts," Dr. Jensen said. "The ISMIE Policyholder Services Committee also periodically reviews the responses, and follow-up is taken on each to address any questions or concerns that may arise."

The questionnaires asked policyholders to rate their ISMIE representative on how well he or she informed them about risk management resources and how well the representative kept them informed about their claims. At 8.3, the mean score for the first question remained unchanged from the previous survey, which covered August through December 1993. For the second question, the mean score was 8.5, compared with 8.4 from the previous survey. The mean score for overall satisfaction with the ISMIE team increased slightly to 8.9.

Among specialties, the mean scores for

IF FACED WITH ANOTHER CLAIM
Percent of physicians who would want the same ISMIE rep/defense counsel



overall satisfaction ranged between 9.5 for otorhinolaryngology and 8.4 for dermatology.

Other areas related to satisfaction with ISMIE representatives were accessibility when problems arose, professionalism, knowledge about the policyholder's claim, promptness in answering questions and communication about resources.

Respondents were also asked to score ISMIE defense attorneys according to preparation for testifying, accessibility when problems arose, knowledge about the policyholder's claim, promptness in responding to questions and preparation of an aggressive defense.

Most policyholders, 83 percent, indicated that their defense counsel involved them as much as they wanted in selecting expert witnesses. Eighty-seven percent said their ISMIE team involved them as much as they wanted in resolution of the claim. And 83 percent said they were involved as much as they wanted in settle-or-defend decisions.

"These results reflect the impressive effort displayed by our ISMIE teams," Dr. Jensen said. "We see these data as clear evidence that our policyholders are receiving prompt, courteous and efficient service when they need it. For our physician-first vision, this level of service is an essential component."

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

DOES THE MEDIA INFLUENCE JURORS?



Physicians who face malpractice suits – and their defense attorneys – may increasingly have to deal with juror bias.

BY RICK PASZKIET

Events in the O.J. Simpson trial have raised the issue of the media's influence on jurors. When the public has been exposed to a barrage of pretrial publicity, can jurors be truly impartial?

The publicity surrounding the Simpson case may be extreme, but the potential for the media to affect juries isn't limited to sensational criminal cases involving public figures. At least 3,100 defendants said they believed pretrial publicity made it impossible to find an impartial jury in their case, according to a 1991 study conducted by communications experts Newton Minow and Fred Cate. And some attorneys fear that juries in civil cases may be influenced by local news reporting.

Last spring, Joan Esposito reported on medical malpractice for a series broadcast on WMAQ-TV in Chicago. The series spotlighted a few medical malpractice cases and warned viewers – in promotions and the actual news reports – about the dangers posed by negligent physicians.

"The Esposito series was alarmist in tone and left viewers with a very negative impression of physicians," said E. Michael Kelly, a partner in the law firm Hinshaw & Culbertson in Chicago. "From my perspective, these reports have the potential of causing a great deal of damage to physicians. The series aired [during] the same period when several medical malpractice cases were being tried here locally. There is a strong possibility that this series could have influenced jurors and thus produced verdicts that were unfavorable to defendants."

"Let's face it, sensationalism sells papers and increases ratings," said Tom Bridgeman, a partner with the law firm Baker & McKenzie in Chicago. "The media love to report on those big awards that deal with malpractice cases in which the plaintiff has been the victim of some negligence. The long-term effects of these often one-sided reports is that a bias creeps in against doctors."

During voir dire, attorneys must ask probing questions to ensure that potential jurors don't have preconceived biases against physicians, Bridgeman said. That is especially difficult to determine when the jurors themselves are unaware of those biases but they have nevertheless been exposed to media reports that carry a strong anti-physician message.

IN FACT, THE REAL HARM posed by such coverage may not be evident for two or three years, Kelly said. "During voir dire, the attorney can ask a prospective juror if [he or she] remembers having seen the series. Two years down the road, however, the juror won't recall viewing the program. And yet the program can still have a subliminal effect on the juror – that is, producing a predominantly negative view of a physician involved in a medical malpractice case. The end result is that this juror will probably be more sympathetic to the plaintiff."

"Of course, jurors give credence to what they have seen on television," said Sherry Salmons, a jury consultant with Forensic Technologies International in Chicago. "Yet my faith in jurors is validated each time I'm involved in a trial. Jurors work very hard to give a fair verdict."

The adverse effect of negative media stories on the medical profession may be somewhat alleviated by jurors' underlying respect for the medical community, Salmons explained. "In a medical malpractice case, the juror is gauging the responsibility of the physician. I've seen little evidence of jury bias in such cases. Jurors want to believe the physician."

The very democratization of jury selection has provided a "crisis of confidence" in the quality and accuracy of jury verdicts, said Jeffrey Abramson, the author of a book on the evolution of the U.S. jury system. That is especially true when jurors are faced with technical matters, which is often the case in medical malpractice trials.

"In general, very few civil cases reach the media saturation point that may result in a biased verdict because of general news reporting or pretrial publicity," he said. "Just because jurors are exposed to a media report doesn't necessarily mean that their minds are enslaved by what they have seen."

"Unfortunately, there is a flawed understanding of the impartiality in jurors," continued Abramson, who is also a professor of politics at Brandeis University. "Jurors can't be dismissed simply because they follow the news and are well-informed. Ignorance should never be seen as a virtue in a juror."

"We need to remember that juries seem to be at their best in civil cases," he added. "The French political theorist Alexis de Tocqueville, writing in 'Democracy in America,' praised how U.S. juries performed in civil, not criminal, trials. To a great degree, then, the system does work. I don't want to seem Pollyanna-ish on how juries operate. It isn't a perfect system, but juries provide a rather rough type of justice – that is, they try to do their best under sometimes difficult circumstances."

Although newspaper and TV coverage can bias prospective jurors with sensational stories, media coverage of actual trials can produce another effect: It can educate jurors about the court system and make them more knowledgeable about how trials are conducted, Kelly said. "Before the O.J. case, prospective jurors had a very limited understanding of how our jury system operates. Now they understand the meaning of voir dire and sidebars. These potential jurors, though, are seeing things through a jaundiced eye. The O.J. trial has little in common with a typical medical malpractice trial."

One of the most surprising developments in civil trials in recent years is that they are increasingly pro-defendant, Abramson said. "The media love to report on these million-dollar civil awards, but studies indicate that jurors' attitudes toward these big awards have significantly changed. A study done by Jury Verdict Research in Philadelphia has shown that juries are becoming more aware of the effects of their verdicts and are less inclined to side automatically with the plaintiff."

Still, the lingering effects of negative print and TV reports may make it more difficult for physicians who find themselves as defendants in medical malpractice trials.

"In short, the media have made my job harder," Kelly said. "Because of television reports like the Esposito series, the attorney has to personalize the physician on trial. We have to compensate for those negative media images." ■

Classified Advertising

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Robinson, Illinois – Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Locum tenens: Dunhill Physician Search provides locum tenens coverage to hospitals, clinics and solo practices throughout Wisconsin and Illinois. All physician specialties, minimal travel, attractive locations. Call Shelly, (800) 334-6407.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Pediatrician: Morris Hospital in Morris seeks a BC/BE pediatrician to join a practice with another pediatrician. Call is shared and consists of about six nights per month. Morris, a growing city of 13,000, offers quality living and is only one hour south of Chicago. Morris Hospital was included by the HCIA in 1993 as one of the 100 top-performing hospitals in the United States. Call Marie Noeth at (800) 438-3745 or fax CV to (309) 685-2574.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Morrison, Illinois – Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414) 544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800) 326-2011, ext. 4700, for practice profile.

Physicians: All specialties. Residents welcome. Flexible schedules for MOD coverage in central and southern Illinois mental health centers. Malpractice available. Contact Annashae Corp. at (800) 245-2662.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$110,000 plus benefits. Part-time is a minimum of \$60 per hour. Also seeking a full-time medical director to supervise practice and make visits. Excellent compensation, including equity. For both positions, please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215.

Technology assessment program seeks consultants to write assessments of safety and efficacy of new medical procedures. Qualifications are MD or PhD or equivalent in biomedical sciences, epidemiology or evaluation research; ability to critically review medical literature, including research design and statistics; and excellent writing skills. Send resume, writing sample, compensation requirements and time availability to Director, Technology Evaluation Center, Blue Cross and Blue Shield Association, 676 North St. Clair, Chicago, IL 60611.

Family practice, internal medicine, obstetrics/gynecology and urgent-care physicians needed to join single-specialty and multi-specialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Women and minority candidates are encouraged to apply.



Interested? Address your inquiries to:

Mitchell Rhodes, M.D., or Danella Windham-Morris, Medical Affairs, 30 S. Wacker Drive, Suite 3100, Chicago 60606. Or call 312.441.5377, or fax 312.441.5045.

Humana®
Health Care Plans

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work 2-4 half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your C.V. to the Medical Director, The Medical Laser Institute of America, 606 Potter Rd., Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Emergency medicine/Texas: Tired of the long winters and high taxes? Come to Corsicana, a "Midwestern-like town" of 23,000, one hour southeast of Dallas. Expanding ED at 24,000 volume has immediate opening for third full-time physician. Twelve-fifteen shifts per month; mainly weekdays. Preferred candidates will be BE/BC in emergency medicine. Productivity-based compensation at \$90-\$120+ an hour! Fast track and continuity clinic in place. Additional coverage provided by part-time physicians and PAs. Enjoy low cost of living, good schools, no state income tax and plenty of recreational options. Contact Rebecca Turley, (800) 338-7107; fax (414) 785-0895; E-mail: fha@execpc.com.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Rt. 59 and 83rd St., 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Lighted slide storage system to organize, sort, view, edit your 35mm slides. Illuminated cabinets store 100 slides per rack. Free catalog, (800) 950-7775 or fax (304) 344-4764.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Chicago – near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovies, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Please send replies to Box 2278, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. We will respond immediately.

Miscellaneous

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. Recorded message gives details.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Do you want to get paid on your insurance claims in 14-21 days? Do you want to have fewer claims returned because of errors? Do you want to greatly reduce your outstanding receivables? Then call Owens Computer Services today at (217) 753-4736. Ask for Stacie or leave a message.

POSITION ANNOUNCEMENT

Medical Director

Correctional Healthcare Solutions, Inc. (CHS) is recruiting a medical director for Western Illinois Correctional Center located in Mt. Sterling, Illinois. A competitive salary and benefit package are included.

CHS, Inc. provides contracted comprehensive health care to the inmate populations of state prisons and county jails, with a focus on managed care. Practicing in this environment can be very rewarding. The security requirements of correctional facilities provides you with safety while CHS provides you with autonomy. There is no administrative or clinical overhead associated with this setting. Office space, nursing and support staff are in place. The field of correctional health care offers an interesting and challenging area of practice that allows you to make a meaningful contribution to the care of a largely underserved segment of our population.

Other Positions Available

CHS is recruiting Primary Care Physicians for central and western Illinois. We have full-time and part-time opportunities available, each offering competitive salary and benefits packages.

You may receive further information about CHS and available employment opportunities, by calling:

217-732-2480

or writing to the following address:

**Midwest Regional Office
Correctional Healthcare Solutions, Inc.
111 Sangamon St., Suite 2
Lincoln, IL 62656**



**Correctional
Healthcare
Solutions, Inc.**
innovative health care management

State Senate bills

(Continued from page 1)

companies could waive coverage for the 48-hour or 96-hour hospital stay only if the mother's insurance policy provided for postdelivery home care. However, even in the event that such care was covered, if the physician determined inpatient hospital care was medically necessary, the requisite hospital stay would take precedence. Home care would need to cover a specific number of visits by a registered professional nurse with at least three years of experience in community maternal and child health nursing.

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital
 Advocate

The home care waiver was suggested during the drafting stage by Allan Charles, MD, chief of obstetrics and gynecology at Michael Reese Hospital in Chicago. "Home care ensures that the mother is doing well and that she is handling the baby properly. This is a broader type of health care that cannot be provided to mothers 24 hours after giving birth in the hospital."

The proposed legislation strikes at the heart of a "highly significant problem that is felt across-the-board by doctors and patients who are being pressured to go along with insurance companies," said M. LeRoy Sprang, MD, an Ob/Gyn at Evanston Hospital. Nurses there contact mothers the day after delivery to provide any necessary follow-up assistance, he said. "Fifty percent of [the new mothers] break down and cry because they do not know what to do. There is not enough time for nurses to teach them."

Those feelings of being unable to cope are natural, said Dr. Sprang, who is also ISMS' secretary-treasurer and a Third District trustee. "They have just undergone a traumatic experience, and they feel tired, sore, unable to move and overwhelmed by the new challenges. It is unconscionable to push these mothers and their babies out of the hospital at an emotional time. [New] mothers have not been educated, nor have they received sufficient training."

By releasing women from the hospital quickly after delivery, babies are at higher risk of health problems, DeLeo said. He cited recent reports from the American College of Obstetricians and Gynecologists that said that when babies are discharged early, they are more likely to develop serious problems, such as jaundice, pneumonia or dehydration.

"Insurance companies should treat women with dignity and make sure that their trip to the hospital is not like a journey through the drive-through at McDonald's," he continued. "This factory-style of birthing will put more patients in serious jeopardy of complications or breast-feeding problems after they have been prematurely sent home. It's time we legislate some safety precautions."

"It is the quality of care that is not being considered," said Julian Ullman, MD, an Ob/Gyn at Northwestern Memorial Hospital. "Many women are on their own when they go home, only to have to call back about how to breast-feed their babies."

"It is a motherhood and baby issue, and it would be exceedingly difficult for any lawmaker to vote against the bill," Dr. Sprang said. "[Insurance companies] are forcing us to change our practice. If they perceive doctors as not going along with the system [and refusing] to cut costs at the expense of patient care, they may drop [those physicians] from their plan."

In Springfield, Ob/Gyn David C. Chapman, MD, had ordered a woman in her 28th week of pregnancy to the hospital after a routine exam showed dilation of the cervix. "She could not feel her contractions, but the insurance company would not pay for her hospital stay, nor would they pay for a home monitor," he said. Dr. Chapman appealed the insurance company's decision and won.

"This is a growing problem that has really stumped us," he said. "Managed care is managing care, and we're at our wits' end as to what to do. This particular legislation is in the best interests of our patients. It will stop what has become a routine occurrence in this town." ■

Tobacco subsidy measure defeated

LEGISLATION: An amendment introduced by an Illinois congressman fails to advance in the U.S. House. BY MARY NOLAN

[WASHINGTON] In an attempt to force the federal government out of the tobacco business, U.S. Rep. Richard Durbin (D-Springfield) in July submitted an amendment that would have eliminated \$42 million in federal funding used for tobacco production, tobacco market news and analysis and a crop insurance program. When the measure was defeated by the House Appropriations Committee, Durbin offered a revised amendment on the House floor calling for the elimination of \$23 million from the crop insurance program. That amendment failed by a vote of 223-200.

"We received more support than we thought," Durbin said during an interview from his Capitol Hill office. "It was an uphill battle, given the opposition waged by [House Speaker] Newt Gingrich and tobacco lobbyists. It's not over. We will see this [legislation] again."

The \$40 billion tobacco industry claims it already pays its share to help subsidize tobacco farmers through a "no-net-cost" tobacco price support program, which requires the industry to pay the government a lump sum to offset costs, Durbin said. But the \$42 million Durbin sought to eliminate was only part of the government's total subsidization of tobacco production, he noted.

"Smoking costs the U.S. economy around \$50 billion in medical treatment costs alone, plus billions more in lost productivity. Tobacco is the most dangerous legal product sold in America," explained Durbin, who is a member of the Appropriations Committee and its agriculture subcommittee and serves as co-chairman

of the Congressional Task Force on Tobacco and Health. About 3,000 teen-agers start smoking every day, and more than 400,000 Americans die annually from cancer, heart disease and other illnesses caused by tobacco use, he added.

"It's time to admit that tobacco is not primarily an agricultural product. It is a serious health problem." If lawmakers are prepared to cut Medicare, Medicaid and student loans, they should also be willing to cut subsidies for "rich tobacco growers," he said.

Durbin noted that he has fought for legislation to restrict tobacco use throughout his congressional career. For example, he said he sponsored legislation that resulted in the 1987 smoking ban on domestic airline flights. He has also worked to pass legislation aimed at preventing cigarette sales to minors, prohibiting the use of agriculture export assistance funds for marketing tobacco and banning smoking at facilities used for federally funded children's programs, he noted.

ISMS' House of Delegates policy calls for an end to all subsidies for tobacco farmers and urges the federal government to spend an equal amount of money to help needy tobacco farmers switch to the production of other agricultural products. Other HOD policies support prohibiting smoking on all international flights and the possession of tobacco products by minors. ■

Watch Illinois Medicine for coverage of physicians' efforts to curb minors' access to tobacco and reactions to rules proposed by the Food and Drug Administration.

Circuit court rules

(Continued from page 1)

contracts provide for benefits such as tail coverage upon termination. Contracts that say doctors can be terminated only with cause could also be at risk. "A hospital might say, 'The contract is illegal, so go away,'" Dobbins said.

The Sarah Bush Lincoln Health Center filed a notice of appeal that is pending in the 4th District Court in Springfield, according to Dobbins. Oral arguments are anticipated to begin in January 1996, with a decision expected 60 days later, he said. "But I anticipate this issue ultimately will be addressed by the [state] legislature. With the increasing move toward managed care, entities are buying up practices and employing physicians. If managed care organizations aren't licensed, they can't employ doctors without legislative change."

ISMS' House of Delegates policy states that if physicians are employed by entities composed of people not licensed to practice medicine in all its branches and if those entities bill for services, the care pro-

vided is contrary to patients' best interests.

The Illinois Hospital Association will file an amicus brief in support of the Sarah Bush Lincoln Health Center, according to Illinois Hospital and HealthSystems Association General Counsel Mark Deaton.

"We're concerned that the trial court opinion takes a very black-and-white view of the law and that the law is not that black and white in Illinois," he said.

"There's room for interpretation. Our concern is that the judge's interpretation could disrupt a lot of transactions that occur between hospitals and physicians and physicians and other organizations."

Morse advised physicians who have signed contracts with non-physician groups to follow the case closely and possibly discuss it with their legal advisers.

"But until it goes through the appellate courts, I'm not sure there are any steps physicians can take at this time."

Physicians who do not have an attorney or who would like an attorney experienced in health care may call the ISMS Lawyer Referral Network at (800) MD-ASIST. ■

If managed care organizations aren't licensed, they can't employ doctors without legislative change.



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

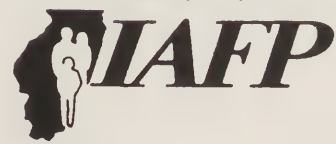
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“These days, any doctor can get **sued**. That’s why I chose ISMIE. Their high underwriting standards are my assurance that other policyholders are **insurable**. And that they’ll stay that way.”



No one is immune. With malpractice suits on the rise, you need an insurer that can provide you with the security of comprehensive liability protection. Namely, the Illinois State Medical Inter-Insurance Exchange. At ISMIE, physicians review professional liability history, risk of specialty, years in practice and other factors to provide solid coverage at the fairest possible premium. Our standards are high. But it's our prudent underwriting practices and constant risk review that assure your coverage is sound. And that the other policyholders are as insurable as you are. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

09/14/95

IMINES RISKS OF RADIAL KERATOTOMY (PAGE 9)



When patients die

PAGE 12

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • SEPTEMBER 8 1995

Federal medical
savings account
legislation
debated

PAGE 3

Physicians fight teen tobacco use

ADVOCACY: Medical groups act as federal rules are announced.

BY MARY NOLAN

[WASHINGTON] Along with a coalition of medical organizations, Illinois physicians have waged an all-out fight against the growing problem of underage tobacco use. Their efforts coincide with President Clinton's executive action authorizing the U.S. Food and Drug Administration to develop rules that would regulate nicotine and stop the sale and marketing of tobacco to children. Immediately after the new rules were announced, several tobacco companies filed a lawsuit challenging them.

In response to the lawsuit, FDA Commissioner David Kessler, MD, said: "The Supreme Court has upheld consistently restrictions on dangerous but legal products. In fact, the Supreme Court, I believe, under its case law, would allow us to go much further, but we did not. We restricted certain messages - certainly those messages and images that are appealing to children."

The FDA rules require young people to prove their age with an identification card when buying cigarettes and prohibit cigarette vending machines. In addition, they ban billboard advertising on playgrounds or near schools, and print advertising in publications that reach a significant number of children and teens. Tobacco companies could not market their products to teens through cartoons, product tie-ins or sponsorship of sporting events. Finally, the tobacco industry is required to fund and implement an annual \$150 million educational campaign aimed at stopping teens from smoking.

"These steps are important parts of the whole picture of curbing youths from smoking," said Tom Houston, MD, a Chicago family physician and director of preventive medicine and environmental health for the AMA.

(Continued on page 15)

Barrington physician helps save boy

GOOD SAMARITAN: Doctor performs lifesaving measures after an accident at a baseball game. BY MARY NOLAN

[PALATINE] Roselle teen-ager Matthew Helms is alive today thanks to the quick actions of Bruce Bell, MD, a family physician in Barrington. Helms, 14, collided with a teammate while trying to catch a fly ball during a mid-July baseball game. In the collision, the teammate's knee jammed into Helms' chest, breaking his collarbone and sending him into cardiac arrest.

"When I first saw the collision, I just wanted to run out and make sure he was fine," said Dr. Bell. "I heard his dad scream for me, and then I noticed that Matt was still on the ground, while his teammate was already up and moving around."

Dr. Bell said he suspected cardiac arrest as soon as he rolled Helms over and saw that he was having a seizure. "I knew that it wasn't brain damage because the accident happened too fast and there was no indication of a head injury. That thought process dictated what I first suspected -



Dr. Bell meets with Helms in the hospital a day after a freak baseball accident sent the teen into cardiac arrest.

cardiac arrest."

After noticing a contusion on Helms' chest and realizing that the boy did not have a pulse, Dr. Bell began performing cardiopulmonary resuscitation with the

help of his wife, Joanne, who is a registered nurse, and several other bystanders, including a student nurse. "I administered the first thump from a precordial pump," Dr. Bell explained. "Next,

I tried to clear the boy's airway, which was blocked by chewing gum. I just kept his jaw closed with the palm of my hand so he wouldn't aspirate the gum in his mouth. Then, I breathed oxygen into his lungs through his nose. All this happened in about 30 seconds."

When Helms failed to respond, Dr. Bell delivered a second thump. "This was doubly difficult for me to do because I was very close to his parents. [Helms] and my son, Chip, are friends. They looked at me straight in the eye the whole time, and all I could think of was, What if he doesn't survive?"

By the time paramedics from the Rolling Meadows Fire Department arrived, Helms was breathing on his own. "If it wasn't for the people who were there, the boy may not have survived. Their actions saved his life," said Roger Mueller, Rolling Meadows deputy fire chief.

(Continued on page 18)

INSIDE

Suburban
hospitals offer
free nursing
visits for new
moms

PAGE 5



DEPARTMENTS

News Briefs.....2

Commentary.....6

ISMIE Update9

Classifieds16

Infectious diseases strike Illinois

PUBLIC HEALTH: Physicians help isolate the source of outbreaks and treat infected patients. BY KATHLEEN FURORE

[SPRINGFIELD] Investigations are under way to uncover the causes of isolated outbreaks of E. coli and meningitis in the state, according to the Illinois Department of Public Health. IDPH is also looking into an outbreak of encephalitis, said department spokesperson Tom Schafer.

The unusual E. coli outbreak occurred in late June, when 12 people became ill after swimming at Rock Cut State Park's Olson Lake in Winnebago County, said David Rosenberg, MD, director of pediatric critical care at Rockford Health System Children's Medical Center, where some of the patients were treated.

The Illinois Department of Natural Resources voluntarily closed Olson Lake after consulting IDPH Director John Lump-

kin, MD. The lake will remain closed all summer to allow for natural elimination of the possible bacterial contamination, Dr. Lumpkin said.

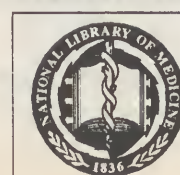
Although public health authorities investigated the surrounding area for a month, they could not pinpoint the source of the E. coli. Officials suspect fecal contamination, but no evidence of sewage was found in the lake, Dr. Rosenberg noted. "It is very rare that E. coli is spread this way. It's usually transmitted through contaminated meat," he explained.

Schafer praised physicians at the Rockford medical center for identifying the infection so quickly. "The physicians asked the right questions, did the lab tests and figured out what the sick children had in common."

"A local pediatrician saw a rash of these kids and brought it to my attention," said Dr. Rosenberg. "We started talking to the pediatrician and the families and determined that they all had been swimming at the lake in Rock Cut State Park. That was

(Continued on page 15)

***** 3-DIGIT 208



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Medicaid payment cycle decreases

[CHICAGO] When the state's fiscal year ended on June 30, the state was reimbursing Illinois physicians in 24.2 days for clean claims on services they delivered to Medicaid patients, according to Dean Schott, spokesperson for the Illinois Department of Public Aid.

"This is the first time in recent years that the payment cycle has dropped significantly below 30 days," Schott noted. Overall, the payment cycle decreased by 11.5 days in fiscal 1995, he added.

As of June 30, the payment cycle for hospitals was 75.4 days for inpatient care and 109.3 days for outpatient care. In addition, the payment cycle was 70.6 days for long-term care and 41.2 days for noninstitutional providers, according to an ISMS analysis of IDPA data.

Besides the improvement in the payment cycle for physicians, the comptroller's office had paid out 99 percent of the IDPA physician line by the end of the fiscal year, the ISMS analysis said. In contrast, only 66 percent of the hospital line and 79 percent of the other provider lines were paid out as of June 30. ■

AAP joins with Visa to offer managed care resources

EDUCATION: Publications aimed at pediatricians and parents address payment and insurance issues.

BY KATHLEEN FUREORE

[ELK GROVE VILLAGE] The American Academy of Pediatrics has created a series of educational publications about managed care for physicians, their office staff and patients' parents. The materials are being published as part of a partnership between the academy and Visa U.S.A., according to AAP President George Comerchi, MD.

The brochure "A Pediatrician's Guide to Managed Care" provides information about establishing capitation rates, analyzing contracts, developing IPAs and PHOs and referring patients to pediatric subspecialists. The consumer brochure discusses criteria for choosing a pediatrician, insurance and payment options and tips on utilizing health care services in a managed care setting.

"The issues facing patients and physi-

cians in the changing environment of managed health care can be quite confusing," said Dr. Comerchi. "We want to be a partner with our members in giving them the tools to be most effective in the new era of health care."

Although Visa funded the AAP guides, the company had no input into the content, said academy spokesperson Michael Copeland. "The AAP has strict guidelines regarding endorsements and sponsorships. Our policies are never driven by contributions," he noted, adding that AAP would have produced the brochures with or without funding from Visa. "[But] we welcome money from industry for educational purposes. Visa's significant contribution helped us more effectively get our message out. But they in no way influence how our messages are delivered."

The AAP managed care guides are not the only health-related materials Visa has funded. In 1993, the company gave the AMA an educational grant to fund the brochure "Answers to Your Important Health Care Questions," according to an AMA spokesperson. And earlier this year, Visa funded the American Dental Association's "Dollars and Sense: Your Guide to Managing Dental Costs," an ADA spokesperson said. ■

ISMS members who need advice on practice or legal issues related to managed care can be linked with a consultant or an attorney through the Society's Consultant Referral Service or Lawyer Referral Network. To do so, physicians should call (800) MD-ASIST.

New blood test detects virus linked to cervical cancer

[CHICAGO] A new blood test that can detect the virus associated with the cause of cervical cancer may also be an early indicator of recurrence of the disease, according to researchers from Loy-

ola University Medical Center.

"[The test] was performed on women in Mexico because of that country's higher incidence of advanced cervical cancer," said Susan Fisher, PhD, a researcher and assistant professor of obstetrics and gynecology at Loyola. "Therefore, the patient population was larger than those of previously reported studies that examined antibody reactivity to cervical cancer."

Using a scientific technique called radioimmunoassay, or RIPA, researchers found antibodies to the human papillomavirus in the blood samples of two-thirds of the 137 women who had cervical cancer and were tested. Antibody levels were higher in women with more advanced disease and decreased significantly after radiation therapy, according to the study findings.

"We are optimistic that this test provides a marker indirectly for the presence of cervical cancer in a high proportion of women," said Lutz Gissmann, PhD, a researcher and director of the Loyola cancer center's viral oncology program. "Our findings imply that antibody response to the human papillomavirus may ultimately serve as a tool for the clinical management of cervical cancer to help determine whether treatment succeeded."

Human papillomavirus, which is spread through sexual contact and is related to the cause of 95 percent of cervical cancers, was first linked to cancer in the 1980s, the researchers said. Typically, once a woman is infected with the virus, she develops benign genital warts that often result in precancerous conditions on her cervix. Subsequently, an unidentified receptor enables the virus to enter cervical and vaginal cells and, in some cases, leads to the development of cancer up to 20 or more years after infection, they noted.

Cervical cancer accounts for roughly 6 percent of all cancers in the United States, with 370,000 new cases diagnosed annually, according to press information from Loyola. In addition, nearly 14,000 women with cervical cancer in the United States die of the disease each year, and the mortality rate is even higher in developing countries that have poor screening

programs. The most widely used screening method for detecting cervical cancer is the Pap smear. However, the test fails to detect the disease in 12 percent to 28 percent of women with cervical cancer.

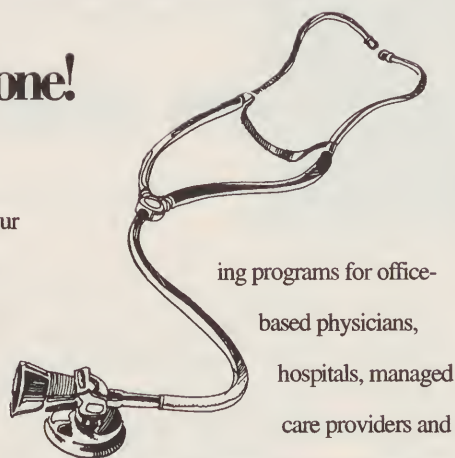
If the cancer is at an advanced stage when treatment begins, the recurrence rate can be as high as 90 percent, the researchers noted. "Recurrent tumors can be large and advanced before they are detected," Fisher said. "Our hope is that the antibody test could be used to check for recurrence of the cancer so treatment might start earlier."

The investigators cautioned that before the antibody test can be made available commercially, more research is needed to determine why some women with cervical cancer lack measurable antibodies to the human papillomavirus. They also plan to study whether RIPA can be used in the initial diagnosis of cancer. ■

Want to Increase Your Patient Base?

We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-



ing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708-747-7701

Specialists in Health Care Marketing

Correction

In the story "State Senate bills fight drive-through deliveries" (Aug. 25 issue), a quote about the need for legislative safety precautions because of factory-style birthing should have been attributed to Sen. Arthur Berman (D-Chicago).

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 18, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Federal medical savings account legislation debated

REFORM: Lawmakers look to MSAs to save health care dollars and maintain quality. BY MARY NOLAN

[WASHINGTON] Saying that tax-free medical savings accounts would decrease costs and increase patient choice, U.S. Reps. Bill Archer (R-Texas) and Andrew Jacobs (D-Ind.) introduced legislation in June that would permit individuals covered by catastrophic health care plans to maintain such accounts to pay for medical expenses not covered by their plans.

A hearing on the bill, H.R. 1818, was held June 27. In testimony, Republican lawmakers applauded the Archer-Jacobs bill as a revolutionary change in the nation's health care system that would increase consumer choice and provide incentives for patients to seek low-cost health care.

"The problems with America's health care system are our single most daunting domestic issue," said Archer, chairman of the House Ways and Means Committee, during the hearing. "Americans have sent a clear message. They want health care reform but not health care reform that relies on one-size-fits-all big government solutions.

"By allowing businesses and individuals to set up tax-free accounts to use for their health care expenses, this bill accomplishes three things," he continued. "It makes health care more affordable, adds more choice of doctor and medical services and promotes savings."

Among those who testified was subcommittee member Philip Crane (R-Arlington Heights), who expressed his long-standing support for medical savings accounts. "MSAs give people better control of their health care [and] lower health care costs without compromising quality."

The AMA also supports MSAs as a component of overall health care reform. "We welcome the Family Medical Savings and Investment Act of 1995 as a much-needed step toward giving patients real freedom in their health care choices," said AMA President-elect Daniel Johnson Jr., MD. "We believe MSAs are one of the best approaches to assuring patients' freedom of choice in health insurance."

MSAs enable patients to be more involved in decisions about their medical care, Dr. Johnson noted. "MSAs are an important option for using market forces to create a more cost-effective health care delivery system." For individuals who choose MSAs to help fund their medical coverage, "price will become a more important consideration, an element that is largely lacking in the current system. MSAs have the potential to improve the patient-physician relationship, which doctors believe has been significantly eroded by the increase in third-party intrusion."

Under the proposed Family Medical Savings and Investment Act, employers and individuals would receive tax benefits by saving for their medical expenses through MSAs. Within limits, money placed in MSA accounts would be considered deferred compensation and therefore would be excluded from taxes, according to a description of the bill provided by Archer's office. The total amount of money that could be excluded each year would be the lesser between the deductible under the catastrophic health plan or \$2,500 for an individual plan or \$5,000 for a family plan, indexed to inflation.

Opponents of MSAs criticized them as a sham that skims the healthy and most affluent patients out of health care insurance pools, leaving the poor and sick to pay for more expensive care.

However, many lawmakers who testified at the hearing stressed that MSAs are intended to motivate consumers to spend health care dollars more efficiently and to eliminate some consumers' misperception

that health care services covered by insurance cost little or nothing. In his prepared text, Rep. Jon Christensen (R-Neb.) cited a study conducted by the Rand Corp. in the early 1980s. That study revealed that when consumers must spend their own money on health care, they spend 30 percent less on such services with no adverse effect on their health, he said.

Rep. Pat Roberts (R-Kan.), chairman

of the House Agriculture Committee, testified that MSAs would protect individual health care choice, especially in rural areas where managed care is not readily available. He also described his own company's positive experience with an MSA program that resulted in a 14.3 percent savings to the company last year, Roberts noted.

Like the AMA, ISMS supports H.R. 1818. In fact, ISMS' House of Delegates policy directed the Society to push for legislation allowing employers to establish MSA plans for their employees. Such a law was signed by Gov. Jim Edgar in November 1994. ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ILLINOIS MEDICARE PART B SCREENING MAMMOGRAPHY CAMPAIGN

The Health Care Financing Administration (HCFA) is conducting a consumer information initiative to encourage screening mammograms for female Medicare beneficiaries. Although Medicare covers mammograms for the detection of breast cancer, Medicare claims data reveal that less than 40 percent of older women take advantage of this benefit.

Breast cancer is most common among women over age 65. In 1994, approximately 50 percent of all new breast cancer cases were in women age 65 and older; and about 56 percent of the deaths from breast cancer were in women age 65 and older. In various publications, we advise Medicare beneficiaries that: HCFA encourages screening mammograms to aid in early detection of breast cancer; in many cases, breast cancer, if detected early, can be treated; and mammograms help save lives.

Medicare covers the performance and interpretation of screening mammograms every one to two years depending on the beneficiary's age and risk factors. Physicians can help to raise beneficiary awareness by discussing with their patients the medical benefits of screening mammograms.

Medicare also covers diagnostic mammograms. Unlike the time interval requirement for screening mammograms, diagnostic mammograms are covered when there is any sign or symptom of breast disease that is indicated on the claim form by a payable ICD-9-CM (1995) diagnosis code and the beneficiary's physician orders this test.

As required by the Mammography Quality Standards Act (MQSA), all facilities performing screening and diagnostic mammograms must be certified by the U.S. Food and Drug Administration (FDA) to qualify for Medicare payment, and must display their certification.



As part of the groundbreaking festivities for Christ Hospital and Medical Center's new children's hospital, Jo Ann Hall, a medical student, puts a bandage on the doll of a former pediatric patient.

Christ Hospital breaks ground for new pediatric facility

EXPANSION: Freestanding children's hospital will promote family involvement. BY MARY NOLAN

[OAK LAWN] To help personalize a July groundbreaking ceremony for Christ Hospital and Medical Center's new pediatric facility, pediatricians and other staff members performed mock examinations on toys brought to the event by some of the hospital's former pediatric patients.

Scheduled to open next year, the facility will house 45 private inpatient rooms and a 15-bed intensive care unit, according to a hospital news release. The \$25 million facility will be built on the Christ Hospital campus in Oak Lawn.

"The need for the new hospital has evolved due to the hospital's continually high volume of complex pediatric cases. It is necessary to accommodate the needs of families of the many critically and chronically ill children cared for by the staff," said Carol Schneider, chief executive officer at Christ Hospital. "The new children's hospital will provide an environment conducive to the ongoing family involvement and support that are so important to the healing process."

The new facility will feature private rooms for parents to stay overnight with their children. Six of the private rooms will be designated for treating inpatient comprehensive rehabilitation patients, the press release said. In addition, the new building will house the Heart Institute for Children, a teaching and research center specializing in pediatric cardiovascular disease, currently located in nearby Palos Heights.

"There is a definite commitment from the hospital and physicians to serve pediatric patients and the [surrounding] area," said Michael Ilbawi, MD, director of the institute's pediatric cardiovascular surgery department. "The new facility will be the second freestanding children's hospital in the state." Children's Memorial Hospital in Chicago is the other, he noted.

"The needs of the community have become such that we've become a major referral center," said David Jaimovich, MD, a pediatric critical care specialist at Christ Hospital. "We've come to a point where we are one of the top three pediatric centers in the state, based on admissions."

Last year, Dr. Jaimovich coordinated and provided treatment for the more than 700 admissions to the hospital's pediatric intensive care unit. In addition, 100 staff pediatricians in 25 subspecialties treated about 5,000 pediatric inpatients and 32,000 pediatric outpatients, according to the hospital's news release. Dr. Jaimovich said he credits the hospital's high admission rate to the institution's ability to maintain rapport with referring physicians. "We have made a very large concerted effort to maintain open communication."

The hospital routinely receives pediatric referrals from as far away as Rockford, Kankakee and Indiana, Dr. Jaimovich said. "We have emerged as a pediatric center of excellence in the Chicago area."

Dr. Jaimovich added that the new children's hospital will offer a jet ventilation service that is not available elsewhere in the state. The service will enable health care professionals to supply oxygen and high-frequency breaths to patients with acute respiratory failure, he said. "It provides a method of ventilation that is not as traumatic as conventional ventilation."

Funding will be provided in part by a large-scale fund-raising campaign expected to contribute about \$10 million for the project, according to a hospital press release. The hospital's pediatric department has already pledged \$1 million. ■

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - *Nation's Business*

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - *Linda Picazio, Florida*

"New source for best buys in insurance. One way to get to know the market..." - *Kiplinger's Personal Finance*

"Quotesmith keeps a database of about 350 insurance companies." - *Good Housekeeping*

"Quotesmith offers particularly thorough searches" - *Los Angeles Times*

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - *Forbes*

"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - *SmartMoney*

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - *Money Magazine*

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - *all sorted by lowest cost. Call 24 hrs. per day.*

Quotesmith
Insurance price comparison service
1-800-431-1147

Ad Code: IM 9/95

Suburban hospitals offer free nursing visits for new moms

FOLLOW-UP: Shortened hospital stays prompt programs to provide at-home care. BY KATHLEEN FURORE

[LAKE FOREST] Women who give birth at two Chicago area hospitals don't have to worry that they or their infants will receive inadequate care if their insurance limits postnatal stays to 24 hours or less. Lake Forest Hospital in Lake Forest and Northwest Community Hospital in Arlington Heights offer free follow-up nursing visits for mothers and newborns. Shortened hospital stays mandated by many insurance companies prompted the programs, according to Sue Brandt, Lake Forest's maternity unit manager, and Patt Isbell, Northwest Community's administrative director of women's and children's services.

"We did this in response to early discharge for new mothers," Isbell said. "We felt they needed more support, especially three to four days after delivery, when their milk is coming in, their babies can become jaundiced, and they're feeling exhausted."

"Studies show that most moms don't absorb information within the first 24 hours after delivery," Brandt explained. "And when we realized what was going on [with limits on hospital stays], we thought, How are we going to do this? We feel we have to do the program and not charge [for the services]. Even if the moms could not sleep after delivery and just watched films, it is questionable what they would learn."

The nurses who visit homes weigh the newborns and check for jaundice and other complications. They also assess the mother's progress, help with breast-feeding and answer any questions the parents have, the program coordinators said.

In one case, a nurse discovered an infection in an infant and was able to get antibiotics prescribed for the child, Brandt noted. In another, a nurse scheduled an appointment with a physician for a baby who had lost too much weight. "The nurses can call the doctor and be put directly through. I feel we've warded off many problems and hospitalizations."

Response to the program, which began in January 1994, has exceeded Lake Forest's expectations, Brandt said. Although hospital officials estimated that between one-third and one-half of new mothers would want the home visits, "almost everyone" took advantage of the program during its first four months in operation, when free visits were offered to first-time moms only, she noted. Since the hospital expanded the program in spring 1994 to include all moms and newborns, participation has approached 90 percent. More than 1,800 women delivered at Lake Forest in 1994, and about 1,200 women have given birth there so far in 1995, Brandt noted.

"Patients say they really like the one-on-one contact," she added. "There's a relaxed atmosphere in the home, and they feel heard. It makes it a lot smoother for moms."

on referral from any hospital staff member.

"On average, we see between 95 and 100 moms per month," Isbell noted. "The mothers are so happy and enthusiastic. They're happy to have someone come and support them."

Physicians, too, are impressed with the program, according to Lake Forest Ob/Gyn Scott Logan, MD. "With the short

stays, patients have more questions regarding themselves, nursing and the baby. And prior to delivery, it's hard to get too specific," Dr. Logan said. "If patients voice a concern about leaving [the hospital], we tell them about the home nurse. In general, physicians are pleased with the program because it reassures them their patients are stable at home."

Other hospitals, including Northwestern Memorial in Chicago, send nurses on postmaternity home visits, but only when insurance pays the bill. Lake Forest and Northwest Community are the only two hospitals in the state that provide free home visits, according to an Illinois Hospital and Health Systems Association spokesperson. ■

AUDIO-DIGEST. THE SHORTEST DISTANCE BETWEEN FOUR POINTS.



Everyone agrees that it's important to stay current. But with so many different priorities, who has the time?

Audio-Digest saves you the time and expense of traveling to meetings. Every year, we exhaustively cover more than 350 major meetings, seminars and postgraduate courses in 13 specialties. Then, because a 1-hour talk may contain only 30 minutes of true substance, we painstakingly edit so that you hear only the "meat" of the presentation—in less time, with no loss of important content.

Perhaps best of all, you stay current on **YOUR OWN TIME**. You listen when **YOU** want—at home, in the office between patients, while you're driving, while you're exercising. It's up to you.

For more information and a **FREE SAMPLE CASSETTE**, call **1-800-423-2308** now. And start closing the distance today.



Audio-Digest Foundation®

All medical courses are planned and produced in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Essentials. Program tapes are presented by Audio-Digest Foundation, a subsidiary of the California Medical Association. The California Medical Association is accredited by the ACCME to sponsor continuing medical education for physicians.

Each Audio-Digest program is approved for up to 2 hours of Category I credit, and may be applied toward the American Medical Association's Physician's Recognition Award and additional credit where designated by qualified boards and associations, including being acceptable for 96 hours annually of prescribed credit by the American Academy of Family Physicians.

FOR ALMOST A YEAR, Northwest Community has offered free visits to first-time moms and those who delivered by cesarean section, Isbell said. "We call the moms within the first 24 hours [after discharge] to set up an appointment." In addition, the perinatal nurses visit other new mothers

Illinois Medicine

VOLUME 7, NUMBER 18

SEPTEMBER 8, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

The blame game

A recent TV news program explored the lack of personal responsibility that pervades our society today. The reporter gave several examples of people suing others for mishaps resulting from their own lack of bad judgment. For example, an adult bike rider who was injured after having been hit at night by a car sued the bicycle manufacturer for failure to warn him that the reflectors on the bicycle might be insufficient to make the rider visible at night. The reporter asked the plaintiff's attorney whether manufacturers are responsible for anticipating every possible source of danger. Should manufacturers warn purchasers that bikes will pick up speed when going downhill, for instance? The attorney answered that some things are just common sense. One would think that the limitations of reflectors would be common sense as well.

A case covered in litigation lore describes a man who was terminated from his job and subsequently killed his boss. His defense, which came to be known as the Twinkie defense, was based on his having gorged himself in front of the TV for several days because of his depression after losing his job. Supposedly, his consumption of Cokes, candy and Twinkies caused a sugar overload and compelled him to kill his former supervisor.

Recent criminal trials have used a defense that's being called battered person syndrome or the abuse excuse. Of course, legitimate cases of abuse that influenced behavior should be considered in trials.

But, more and more, people are making excuses for themselves and their behavior and trying to place blame elsewhere.

Even in civil trials, mental health experts are increasingly serving as expert witnesses to rationalize offenses or behaviors, according to the Wall Street Journal. In an Iowa case, psychiatrists performed a "psychological autopsy" on a suicide victim whose wife sought workers' compensation benefits, claiming the suicide was induced by financial problems at the store her husband managed.

In medicine, the blame game may be played when patients experience bad outcomes. It's hard to accept that when something goes terribly wrong, sometimes no one is at fault. Even though a physician does everything he or she possibly can, patients will still experience problems.

Heredity is being blamed, too. Experiments at Rockefeller University said that grossly obese mice lost 22 percent to 40 percent of their weight after a month of daily injections of a genetically engineered hormone. Researchers speculate that a gene in humans produces a hormone that helps regulate the body's storage of fat. Some physicians are now concerned that if the hormone was eventually offered to humans, personal responsibility for exercise and proper diet would disappear. Of course, heredity is a factor in disease, but human behavior is too.

There are some things in life we can't control, but there are many aspects of our health and safety for which we ourselves are at least partly responsible. ■

PRESIDENT'S LETTER

Reflections at summer's end

Raymond E. Hoffmann, MD



The summer is ending. School is starting again. The warnings for drivers to watch for school children walking are on the air. This becomes a time for reflection as we realize another significant time period has passed. The children just keep growing up, although we don't seem to get any older. I just hope everyone has taken the opportunity to spend time with his or her kids. Physicians get very busy and wrapped up in patients and their diseases, operations and treatments. But families are special.

Nothing is as wonderful as a small child running up and wrapping his arms around a parent's legs for a welcome home. Nothing is as exciting as watching your son at his first basketball game. Nothing is as important as sitting through a first piano recital. And certainly nothing can beat sending your daughter off to her first senior prom.

What many of you don't know is that I am younger than I look. I, too, have two children starting school this fall. They are still an important part of my life even though they are grown and gone — my daughter, Kristen, to a graduate psychology program in Massachusetts and my son, Nathan, to medical school in Minnesota.

The best part of having children is reliving your own life through them. Each time they do something, it triggers memories I haven't had for years.

As my daughter sets up her third college apartment with her husband, Peter, early days of apartment hunting by Nancy and me come to mind. Is this one big enough? Can we afford it? Where will the chairs go? Whose toothbrush goes on the right side? More important, all the questions about my own education, marriage, children and career come streaming back.

Different memories are triggered by Nathan. He started gross an-

atomy this summer. Most physicians I have talked with vividly remember their first day of this class. I, too, can remember nervously screwing up my courage as I sat in a coffee shop with the other three members of our dissection team. Now there are many phone calls from Nathan. "Where is the long thoracic nerve?" I think I have surprised Nathan because so far, I have known the answers. But that will soon end when he starts pharmacology or biochemistry.

Reflection should be an activity for the whole family. Nancy and I have forced ourselves to do this through our "five-year plan." Every five years, we seriously consider where we are in life, what we are doing, what our goals are and what road we need to take to get to them. This is our time for memories, especially memories of what we started out to accomplish.

Next summer will be the end of my 20th year with my group, Rockford Surgical Service, and I will have completed my term as president of ISMS. What a great time for this thought process to happen

again. Have I done well for my family, my group, ISMS and me? In the past, I have always continued on the path Nancy and I selected. That path is what led me to this page today — considering and thinking about all that has come before. (It has taken me an especially long time to write this letter.)

Well, summer is ending, school is starting, and the family cycle just keeps going on. This is a good time to use your memories. Use them to recall your dreams and goals. Use them to compare where you are with where you wanted to be. Use them to remember your family members and all they have meant to you. This time of year emphasizes that the world has continued to change. This time of year is important. It can be a time for reflection, redirection and recommitment. ■

*Summer is ending,
school is starting,
and the family cycle
just keeps going on.*



"Apparently, a pedestrian was grazed by a car, and a lawyer brawl ensued."

Quotables

"Women seem to communicate better in the interview. They bring some life experiences and maturity that adds to a class."

— **Gerald Foster**, associate dean for admissions at Harvard, on possible reasons for the increase in the number of women in first-year medical school classes, *Chicago Tribune*

"Many people don't want to look like raccoons, so they don't wear goggles and they get acute conjunctivitis."

— **Michael Franzblau, MD**, a San Francisco dermatologist, on the fact that many people don't wear legally required protective goggles in tanning booths despite the health risks, *Wall Street Journal*

"It has been suggested, not so tongue-in-cheek, that lawyers don't really contribute much to society but move an awful lot of money around in the process."

— **Maurice Possley**, criminal courts reporter, *Chicago Tribune*

"This is an extremely active and successful year. Not only are you talking about large states that have enacted legislation, they've enacted really good, strong legislation."

— **Sherman Joyce**, president of the American Tort Reform Association, *Wall Street Journal*

"The health of America's youth is continuing to decline, spurred by violence, drug and alcohol abuse and pregnancy."

— **Johns Hopkins School of Medicine** study, *Associated Press/New York Times*

"How many men do you know who take as good care of their bodies as they do of their cars – or their computers?"

— **Ken Goldberg, MD**, a Dallas urologist and adviser to the Men's Health Network, on a survey of men's habits related to doctor visits, *New York Times*

"Part of the national trend, hospitals across the nation are being bought and sold, closed or reorganized in dizzying fashion, the result of the managed care revolution and its focus on cost-consciousness and computer-driven efficiency."

— **Los Angeles Times**

"We're mad as hell, and we want to see positive changes. We want to see a less violent society and want to put our energy where our criticism is."

— **Dr. Vic Strasburger**, on violence on TV, *Miami Herald*

"The company [officials] began to realize that they could reduce the tar, but increase the nicotine, and still have the cigarette be acceptable to the smoker. After all their work, they realized that nicotine was not just calming or stimulating, but it was having its effect centrally, in the brain, and that people were smoking for brain effects."

— **Dr. Victor DeNoble**, former research scientist for Philip Morris, *New York Times*

"[This profession] is about keeping a level head when there are a lot of emergencies going on. This is a wonderful career despite the problems. It's a long haul, but you don't see a lot of doctors experiencing mid-life crises. They don't have time."

— **Margaret Tefler, MD**, director of the hemophilia center and interim director of the division of hematology/oncology at Michael Reese Hospital, *Chicago Sun-Times*

"By almost any estimate, ours is the most violent developed nation on Earth. We're No. 1. And it's nothing to be proud of."

— **Robert McAfee, MD**, immediate-past AMA president, *Chicago Tribune*

"When someone says 'push' in a delivery room these days, you don't know if it's to get the baby out of the womb or the mother out of the hospital."

— **New Jersey Sen. Richard Codey**, *New York Times*

First person

Helping impaired physicians help themselves

By Dale Syfert, MD

If you or a colleague were suffering from an illness, you would probably seek out a medical professional with the knowledge, training, experience and resources to treat the problem. But what if one of your physician colleagues suffered from a mental illness or chemical dependency that progressively worsened and affected his or her ability to practice medicine safely?

As difficult as it is to confront some physical impairments, addressing emotional and dependency-related impairments is far more challenging. For example, the exact nature of the problem must be determined. Is it a chemical dependency, a psychiatric illness or a combination of both? How bad is the problem? How will any remedial actions affect his or her professional career or license?

The easiest approach is to walk away. But ignoring the problem incurs a high price. Impairments are progressive, life-threatening conditions, which if untreated, frequently result in death from medical complications or suicide.

If you have a colleague with such a problem and are honest with yourself, you've probably already invested quite a bit of time ignoring the problem, explaining away your impaired colleague's actions or even helping to conceal the disability. But was any aspect of the situation improved by a lack of intervention?

Many physicians consider using a do-it-yourself approach to help colleagues. They reason that if they talk to the person and lay down the law, he or she will get their problem under control. That approach may spare the individual the embarrassment of having others learn about the impairment, but it won't get him or her on the road to recovery.

Dealing alone with an impaired colleague is difficult if not impossible. The well-intentioned physician may be able to pull it off if he or she has a lot of experience dealing with suicidal or homicidal doctors, has been trained in interventions, has a clear plan of action for the person's spouse and significant others, has thoroughly examined his or her own emotions about the situation, has developed strategies in case the impaired physician threatens suicide or homicide and has made appropriate arrangements for a

working
for
you



Dr. Syfert

referral for treatment after the confrontation. That's quite a list of ifs. And the success of such an intervention conducted by one person alone may depend on that individual's luck that particular day.

What if a colleague experienced symptoms suggesting an intracranial neoplasm? Would you wait until after work someday when the office was quiet and – armed with only your suspicions, clinical experience and the tools you had in hand – try to perform an exploratory craniotomy single-handedly?

No, you probably wouldn't. And that's why trying to intervene with an impaired colleague on your own isn't a realistic option.

But there is somewhere you can turn. For nine years, ISMS has offered help to impaired physicians, their families and colleagues through the Society's Physician Assistance Program, an advocacy effort overseen by the ISMS Physician Assistance Committee, of which I am chairman.

Individuals can get help 24 hours a day by calling the Society's Physician Helpline. Callers will be referred to experienced professionals who will provide confidential assistance in evaluation, intervention, treatment recommendations and after-care case management.

Far too often, physicians are already facing the loss of medical staff privileges or their medical license when they are referred to ISMS for help. The ISMS program is not directly involved in disciplinary proceedings at hospitals or with the Illinois Department of Professional Regulation. But if requested by an impaired physician, program representatives can play an advocacy role in those areas.

I have been involved with this program for nine years, first as a grateful recipient of services and now as a member of the committee. During that time, I have seen hundreds of lives saved and professional careers – including my own – restored.

Do the right thing to help an impaired colleague. If you know a physician who has a problem with mental illness or chemical dependency, call the ISMS Physician Helpline at (312) 580-2499. There is help. There is hope. And there is a way out. ■

ISMS to offer managed care symposium

The Society will conduct a managed care symposium for ISMS members Sept. 30 at the Marriott O'Hare Hotel in Chicago. The daylong conference, "Physicians Seizing the Reins of Change," will illustrate the importance of physician leadership in the managed care arena, introduce ISMS'

Management Services Organization and help equip physicians with the tools and infrastructure to thrive under managed care. For more information or to register, ISMS members may contact the division of governmental affairs at (800) 782-ISMS. ■

*"Being a doctor has allowed me
to provide the best for my family."*

DR. JANELLE GOETCHEUS, MEDICAL DIRECTOR, HEALTH CARE
FOR THE HOMELESS PROJECT, INC., WASHINGTON, DC

Dr. Goetcheus says that raising her children in a health recovery facility for the homeless is one of the greatest gifts she has given them.

Her gifts to her patients are even greater. Caring for Washington's homeless for almost a decade, she despaired at seeing simple medical problems grow severe when patients lacked a clean, quiet place where they could heal. Her answer was to found Christ House, a live-in respite care facility for the homeless — and home to her family.

Today, this center is part of Washington's Health Care for the Homeless Project. As medical director of both, Dr. Goetcheus is serving in an even greater capacity, reviving health and hope in those she serves.

The Sharing the Care program donates Pfizer's full line of single-source pharmaceuticals to medically uninsured, low-income patients of federally qualified centers like Health Care for the Homeless, in support of those who, like Dr. Goetcheus, are part of the cure.

Sharing the Care: A Pharmaceuticals Access Program is a joint effort of the National Governors' Association, the National Association of Community Health Centers and Pfizer.



We're part of the cure.

Helping impaired
physicians help
themselves

PAGE 7

ISMIE Update

Good Samaritan
law protects
physicians
from liability

PAGE 18

ISMIE subcommittee examines risks of radial keratotomy

Ophthalmologists should be aware of the liability related to this increasingly popular procedure. BY MARY NOLAN

Because more and more patients are undergoing radial keratotomy to improve their distance vision, the ISMIE Ophthalmological Risk Management Subcommittee is developing educational materials to address related risk. For physicians, activities that can create liability are evaluating patients as surgical candidates and determining how realistic their expectations are, said Robert Reardon, MD, subcommittee chairman and a retired ophthalmologist in Bloomington.

"Most people who have had RK believe that it is a wonderful procedure if it is successful, and in a large percentage of cases, RK is successful," Dr. Reardon said. Radial keratotomy surgery is performed to correct patients' myopia, a condition that affects millions of Americans. The surgery, which was first performed in the United States in 1978, requires physicians to make spoke-like incisions in a patient's cornea. The incisions cause the cornea to flatten, which produces clearer distance vision.

For people with myopia, the surgery "is an opportunity for them to go without glasses or contact lenses and achieve good distance vision," said Dr. Reardon. "But when patients build up their hopes so high and then they see after the surgery the results do not measure up to their liking, that is when problems occur." In radial keratotomy cases, the liability related to unrealistic patient expectations is similar to that of cosmetic surgery, he noted.

Currently, about 250,000 RK surgeries are performed nationally each year, a significant increase from the 30,000 operations performed five years ago, according to the National Eye Institute. However, despite that increase and the potential liability, "there have been very few medical malpractice cases, because it is still a relatively new procedure," said Sheldon Brenner, a defense attorney with Brenner and Moltzen Ltd. in Chicago.

Brenner cautioned physicians to explain the procedure's risks and benefits carefully so that patients approach surgery with real-

istic expectations about the outcome. "Very often, patients think RK will eliminate their need for glasses permanently. Doctors must make it clear to patients, more than anything else, that depending on the extent of their visual problem, RK may not completely fix their nearsightedness."

Randy Epstein, MD, associate professor of ophthalmology at Rush-Presbyterian-St. Luke's Medical Center in Chicago, said he routinely asks his patients what they hope to gain from the procedure. "If patients are not perfectionists, they usually make good candidates. Picky, precision-oriented people are not good candidates. Ideally, they should want to get away from wearing glasses for distance instead of for reading."

The evaluation of RK candidates should be based on "who will be best-served by the surgery with the least amount of problems," Dr. Epstein said. "I tell them that they will have substantial improvement in their vision. For example, they will be able to drive their car during the day without glasses, but at night they will need to wear them. But if they say, 'I want to never wear glasses again,' that's unrealistic. Most patients will have residual refractive error."

Part of the reason some candidates are unrealistic is the marketing of the procedure, which has "led people to believe they can throw away their glasses," he said. "Ninety percent of RK patients have enough residual refractive error that they need minimal prescriptions, but often they don't even have them filled."

There are also risks related to how the surgery is performed, Dr. Epstein noted. "The procedure is not problematic, and the chance of complications is small, but the chance is there. One complication related to surgery is the technical error of misplacing the incision. [For example,] it could cross into the center of the pupil. As with any surgical procedure, both the patient and doctor must weigh the benefits before making a decision." Another surgical risk is

If patients are not perfectionists, they usually make good candidates. Picky, precision-oriented people are not good candidates.

cutting too deeply, he added.

There is also risk of postoperative infection, Dr. Epstein said. "You are taking a regular surface and creating breaks." However, the number of problems is minimal because almost all patients take prescription drops, he added.

Even with the potential risks and the increasing number of procedures, Brenner said he does not foresee a corresponding increase in the number of lawsuits related to radial keratotomy. "Because the cornea is avascular, there is no blood involved. This decreases the risk of infec-

tion. If done properly, RK is a simple procedure with no significant problems."

"RK has a reasonable margin of safety resulting in few vision-threatening complications," according to a National Eye Institute study released last fall. "[This] clinical study provides ophthalmologists with scientifically validated information regarding the safety and effectiveness of radial keratotomy," said Carl Kupfer, MD, director of the NEI. "With these results, prospective patients can have the best informed consent when considering radial keratotomy."

According to the findings of the study, RK effectively reduced but did not completely eliminate myopia in all 435 patients. In fact, 53 percent of the eyes on which the procedure was done registered 20/20 vision, while 85 percent recorded 20/40 uncorrected vision or better. Nearly 70 percent of the study participants said they did not wear corrective lenses for distance vision at the study's conclusion.

However, researchers noted that for 3 percent of the treated

eyes, poorer distance vision required glasses. The study also revealed that more than 40 percent of the treated eyes gradually shifted toward farsightedness, a condition known as hyperopic shift.

The U.S. Food and Drug Administration's advisory panel is also in the process of approving a similar procedure called photorefractive keratotomy. "PRK is similar to RK, but rather than making incisions with a blade to flatten the cornea, the doctor uses a laser to shave a sliver from the cornea's surface so images are focused more clearly," Dr. Epstein explained. The best candidates for PRK have stable vision, low to moderate myopia and no other eye problems, he said.

Like radial keratotomy, photorefractive keratotomy takes only about two minutes to complete and is relatively painless. "[However,] visual recovery from laser surgery is not nearly as fast because doctors are operating at the center of the patient's vision," Dr. Epstein noted. "There is also a higher tendency for scarring."

National Practitioner Data Bank moves toward paperless system

UPDATE: Queries from hospitals will be handled through a new electronic processing service. BY KATHLEEN FUREORE

[WASHINGTON] The National Practitioner Data Bank is using a new state-of-the-art information system to process all queries electronically, said Thomas Croft, director of the Division of Quality Assurance of the U.S. Public Health Service, which oversees the data bank. Effective June 26, all paper queries submitted by hospitals and other health care entities have been rejected, a data bank newsletter said.

The new system moves the data bank closer to its goal of becoming a completely paperless service that responds more quickly, efficiently and cost-effectively, the newsletter explained.

"The No. 1 reason we did this was cost. It is much cheaper to operate [electronically than manually]," said Croft. "The second reason is that the system is much more responsive, particularly in the speed of the response. And thirdly, it is more accurate. We can build into the software edits to prevent clerical and administrative errors."

If requests or queries are sent via computer, the

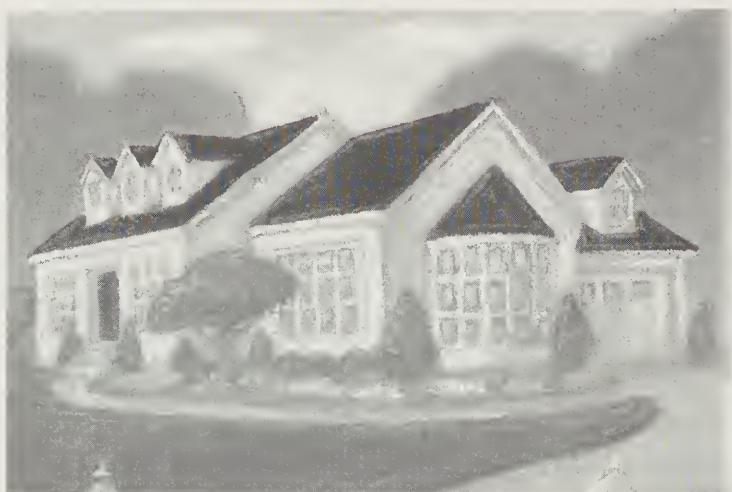
system provides responses in hours rather than days for a basic fee of \$3 per practitioner name. The basic fee had been \$6, Croft said. The data bank will now assess a \$3-per-name surcharge for diskette queries and a \$4-per-name surcharge for check or money order payments, the newsletter explained.

Physicians, who are not charged for self-querying the data bank, can still submit paper queries, Croft said. "They could do it electronically if they were able to go to a hospital and prevail on the clerical or administrative staff to query for them," he said, noting that most physicians do not have the software needed for electronic submissions. "But [eventually] we would like to solve that electronically as well."

Physicians must still submit on paper any statements regarding any reported medical malpractice payments, adverse clinical privilege decisions, licensure disciplinary actions or adverse membership actions by professional societies.

(Continued on page 10)

Get the home financing treatment you deserve as a physician with the



BUYING POWER PLEDGESM

when you take advantage of The
AMA-Sponsored Home Mortgage Program.

- ✓ We will reduce your out-of-pocket costs.
- ✓ We will reduce your paper work.
- ✓ We will give you a loan decision in as little as 24 hours.*
- ✓ We will close your loan in as few as 15 business days, even in the evening or on Saturday.**
- ✓ We will give you buying power in the home you already own with one of our home equity options.

HANDLE EVERYTHING UP UNTIL CLOSING BY PHONE!
8 a.m. to midnight (ET)

1-800-AMA-4PRU
(1-800-262-4778)

Prudential Home Mortgage 

AMA Financing & Practice Services, Inc.
A Subsidiary of the American Medical Association



*Eligibility requirements for 24 hour loan decision include: a 20% down payment, an overall good credit rating and a signed purchase contract. Single-family dwellings only. Condos, Co-ops, second homes and investment properties are excluded. Also, because your loan decision is not subject to an appraisal, you may want to consult your legal advisor to include an appraisal contingency in your purchase contract. Other conditions may apply, such as a maximum loan amount. Call your financing representative for details. Example — 30 year \$100,000 mortgage: Fixed, simple interest rate 9.5%, APR 9.704%, 360 \$840.86 monthly payments. **Not available in all states. The 15-day close is subject to certain conditions. An additional fee applies to Saturday closings. Contact a Prudential Home Mortgage representative for details. Home equity loans are currently being provided by Prudential Home Mortgage or its affiliate, The Prudential Bank. The Prudential Bank means The Prudential Savings Bank, F.S.B., The Prudential Bank & Trust Company or PBT Mortgage Corporation, all of which are subsidiaries of The Prudential Insurance Company of America. The Prudential Savings Bank, F.S.B., The Prudential Bank & Trust Company are members FDIC. Loans subject to credit approval. Certain restrictions apply. Account features, associated rates, fees and charges may differ among geographic regions and may be modified or discontinued. Certain restrictions apply. State availability subject to change. Information in this advertisement is accurate as of 3/1/95 and is subject to change without notice. Buying Power Pledge is a service mark of The Prudential Insurance Company of America. The Prudential Home Mortgage Company, Inc., 8000 Maryland Avenue, Clayton, Missouri is in the business of originating, processing, purchasing, and selling residential mortgage loans secured by liens on real property. The Prudential Home Mortgage Company, Inc. is an affiliate of The Prudential Insurance Company of America, doing business as P.H. Mortgage Company, Inc. in Ohio. New York Office: Expressway Executive Center, Suite 100, 48 South Service Road, Melville, New York 11747; Arizona BK 8408; Florida Licensed Mortgage Lender; Illinois Residential Mortgage Licensee; Licensed Mortgage Banker/New Jersey Department of Banking; Calif. Broker/Lender. All California loans are made pursuant to a California Department of Corporations Consumer Finance Lender license or Commercial Finance Lender license. Equal Housing Opportunity.

Data bank (Continued from page 9)

In fact, all reporting is still done on paper, Croft said. "We are expecting to issue a system soon that will let entities report electronically."

The data bank receives "upward of 2 million queries" from hospitals, managed care organizations and other health care entities annually but only 30,000 to 35,000 self-queries from individual practitioners, Croft said.

Protecting the confidentiality of information requested and received is of the utmost importance to the data bank, Croft said. "We believe this electronic communication system is more secure than the standard mail system. You have to have a special code to communicate. And when information passes through the network, it is encrypted. You have to have a special code to get it. It's not passing through four or five [people's] hands in a mailroom somewhere."

The Health Care Quality Improvement Act of 1986, which established the data bank, assures confidentiality, said Sara Charles, MD, professor of clinical psychiatry at the University of Illinois at Chicago and a member of the data bank's executive committee.

"[The data bank has] tried to honor that," Dr. Charles said. "They have tried the best they can to put state-of-the-art protections in the system. And they have been quite careful about releasing information and authorizing queries. I think

there are sufficient confidentiality protections at the moment."

ISMS General Counsel Saul Morse said physicians should still exercise caution when using any electronic system, since the technology is relatively new. "It really depends on the people who set it up. While you have to comply [with rules and regulations], you should be very careful in what you say whenever the information is being transmitted electronically. And don't give your passwords to anyone."

Currently, neither the public nor medical malpractice carriers can access the system, Croft said. But the confidentiality issue could become more problematic if legislation is passed that would give the public access to information from the data bank, Dr. Charles said. U.S. Rep. Ron Wyden (D-Ore.) and others have proposed doing just that, she added. "The danger is with people who are using this issue as a political football."

Legislators who favor such public access say data bank information will help consumers make better choices about their health care providers. "It is fraudulent to tell the public this information will equip them with what they need to make informed health care decisions," Dr. Charles said. "Most of the data bank information is about malpractice payments and settlements, which do not reflect quality of care."

For more information about the electronic system, physicians may call the data bank at (800) 767-6732. ■

The Verdict Could Wipe You Out!



Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly **one-half (47%)** were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (APT) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an APT and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

D.C. medical society drops lawsuit against Blues

SETTLEMENT: Physicians gain due process protections and input into insurer's policy making. BY KATHLEEN FURORE

[WASHINGTON] As part of a settlement negotiated between the Medical Society of the District of Columbia and Blue Cross and Blue Shield of the National Capital Area, the society has withdrawn the lawsuit it filed against the insurer in June 1994. The suit alleged that the Washington-area Blues excluded large numbers of physicians from its Select Preferred Provider Plan without due process. Under the agreement, the Blues agreed to establish an appeals process for physicians who are not selected to participate in the plan and to create two physician advisory committees, according to medical society officials.

"What physicians want most — what we have always wanted — is simply to be able to care for our patients to the best of our abilities and to be treated fairly," said Mark Whitten, MD, chairman of the medical society's board of trustees. "The agreement we have reached with Blue Cross and Blue Shield of the National Capital Area provides that area physicians will play an advisory role in [Blues] decisions that affect our patients and our practices. We are pleased that this suit is behind us so we can focus on what we do best — caring for our patients."

THE BLUES WILL CREATE a two-level appeal system for physicians who are not selected for the preferred provider plan, according to a medical society summary of the agreement. The insurer will also allow providers to check data used in the selection process and correct any errors they discover, and let them review any additional information used in the selection process.

In addition, the Washington-area Blues is establishing Quality Improvement Advisory and Credentialing Advisory committees made up of primary care and specialty physicians, representatives from such agencies as contract utilization review entities, and the Blues' medical director, who will serve as a nonvoting member, the summary said.

Specifically, the Quality Improvement Committee will review and make recommendations about the Blues' quality improvement programs and practice guidelines, monitor care and analyze results of that monitoring. The committee will also suggest ways to improve communication with physicians.

The Credentialing Advisory Committee will review the Blues' credentialing policies and activities and offer advice on provider appeals as requested by Blues officials, the medical society summary said.

"For 60 years, Blue Cross and Blue Shield of the National Capital Area and the health care providers in the metropolitan area have had a unique relationship," said Larry Glasscock, Blues president and chief executive officer. "We will continue to depend on the physicians in our networks to be our partners as we continue to focus on providing high-quality products at the most affordable premiums possible. We welcome the physicians' input as we formulate medical policy."

Like their colleagues in the Washington, D.C., area, Illinois physicians have some cause for concern about potential exclusion from managed care plans, said

John Schneider, MD, chairman of ISMS' Third Party Payment Processes Committee.

"The problem is that there really are few if any protections, because physicians sign contracts that allow them to be terminated without cause," Dr. Schneider explained. "Many doctors sign many contracts but feel they don't have the time or

money to spend to have those contracts reviewed by an attorney. It is the contract that determines if there is any due process protection."

To help prevent those problems, physicians should seek legal advice before signing any managed care contract, Dr. Schneider recommended. To obtain the names of attorneys experienced in han-

dling managed care contract issues, member physicians may contact ISMS' Lawyer Referral Network at (800) MD-ASIST.

In addition, Dr. Schneider called for the passage of any-willing-provider laws to mandate that any physician who meets a managed care plan's criteria be permitted to participate. ISMS House of Delegates policy supports such legislation. ■

Why Do Physicians Need HIV Disability Coverage?

Gaps In Your Long Term Disability coverage Make HIV Coverage Essential.

HIV has unique implications for physicians. As a practical matter, due to ethical and social issues, a physician's ability to practice medicine ends if he or she becomes HIV Positive. But most disability plans don't recognize this fact. With a typical Long Term Disability Plan, you might not receive a benefit until you are physically unable to perform your medical specialty. This could take as long as 5 years. However, you could have an immediate loss of earnings. Even if your Long Term Disability Plan provides some immediate benefits, you may not have enough to replace all of your lost earnings.

PBT HIV Disability Coverage Fills The Gap Between The Time A Physician Becomes HIV Positive and The Onset of Disability.

The PBT HIV Disability Program pays you the full coverage amount without regard to any other benefit payments or earnings you receive. The only requirement is that the covered physician test positive for HIV. This valuable protection was developed under the direction of the physician members of the PBT Board of Trustees who recognize the seriousness of the threat all physicians face. The Chicago Medical Society and Illinois State Medical Society have worked together to make sure that the resulting PBT HIV Disability Program provides an extremely high quality coverage that's also very affordable.

The PBT Offers The Lowest Rates Anywhere — \$130 per year for each \$100,000 coverage you purchase.

For the third year in a row, we have been able to keep the cost to just \$130 per year for each \$100,000 of HIV coverage. This is the lowest cost available for this type of coverage. Be certain to enroll for enough coverage to provide income during the period from the receipt of an HIV Positive test to the onset of Disability. With the PBT HIV Disability Program, you can purchase up to \$750,000 of coverage subject to a maximum of 5 times earnings.

Summary Of PBT HIV Disability Program Advantages:

- Pays 100% Of Benefit Even If You Continue Working
- Fills The Gap In Your Disability Coverage
- Lowest Cost Available Anywhere
- Pays In Addition To Other Disability Plans Or Other Forms Of Income
- Designed Exclusively For Physicians
- Lump Sum or Annual Payout Options

One More Reason Why You Need HIV Disability Coverage

AIDS is now the top killer in the 25-44 age group, according to the U.S. Centers for Disease Control and Prevention.

Call now for details
(800) 621-0748
(312) 541-2704

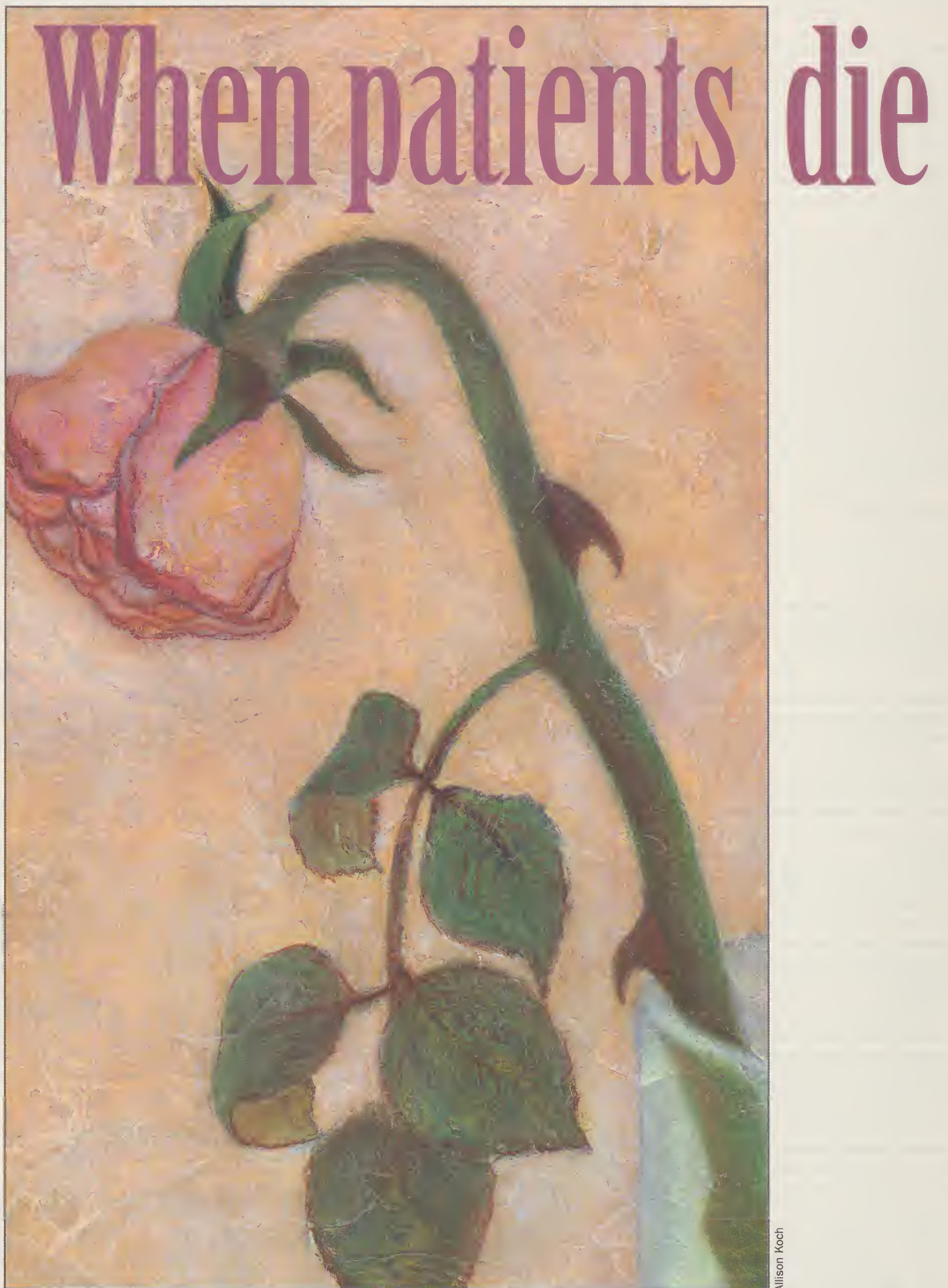


PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Programs

PHYSICIAN-PATIENT RELATIONSHIPS



Allison Koch

PHYSICIAN-PATIENT RELATIONSHIPS

Physicians must face their own mortality first.

By Janice Rosenberg

Early in their careers, physicians learn to accept the inevitability of death. No matter how excellent the care, the harsh truth remains: Life is fragile, and today's seriously ill patient may not make it through the night. So for most physicians, the practice of medicine must include finding ways to deal with patients' deaths.

"You have to have a conception of your own death, that you're not permanent, in order to live with and get along with people who are obviously going to die of their disease," said Charles Wabner, MD, clinical associate professor of medicine at the Southern Illinois University School of Medicine.

Physicians in every specialty see patients die, and those deaths occur differently. Some are the result of chronic illnesses like metastatic cancer, and others happen unexpectedly. The cause and circumstances of each death can affect a physician's reactions.

For instance, there is a distinction between patients known to the physician and those seen for the first and perhaps only time in a hospital's emergency department. William Falco, MD, a resident in emergency medicine at the University of Chicago Hospitals, calls himself an "emotional kind of person." He chose a residency in emergency medicine because he thought the ER setting would make it easier for him to deal with death.

"In the emergency department, I'm not so close to the patient," he said. "I can't say it doesn't affect me at all, but I'm not afraid of death. I accept it as a part of life. That's not to say I'm cold, but in the emergency department there's just not enough time to develop a strong rapport."

Physicians who treat patients during long-term illnesses are likely to establish more personal connections. David Blatt, MD, an internist at Illinois Masonic Medical Center, treats a high percentage of patients who have HIV or AIDS. Although many die, the fact that a large group of his HIV-positive patients are doing well helps Dr. Blatt maintain his sense of balance, he said.

"I've really come to like the people I treat. But when

a patient dies, there is always another one who needs me, and that helps me move on," he explained.

For some physicians, a distinction exists between treating patients whose deaths are sudden and treating those whose chronic illnesses allow time to prepare for death. Allen Goldberg, MD, trained for a career in pediatric intensive care. While working as the director of intensive care at a hospital on the East Coast, he watched his co-director's son die of Reye's syndrome. The families were neighbors, and the boy and Goldberg's son were best friends.

"My colleague asked me to sit at his son's bedside," Dr. Goldberg said. "Within three hours, the child was dead, and of course I identified with the father. After that, every time I saw a sick kid I'd say, 'He has parents like me, he has brothers and sisters.'"

This case and others like it led Dr. Goldberg to radically change his practice. He decided he would do only chronic and home care and is currently director of pediatric home health care at Loyola Center for Home Care and Hospice. The change revived his sense of joy in being a physician, he said.

"Years ago, when I was a physician in the Army, I had two patients die before I even met their families," Dr. Goldberg recalled. "How do you deal with that? In chronic care, you can plan for the patient's death and make the situation more compassionate."

The discomfort physicians experience over their patients' deaths has been well-studied, according to John LaPuma, MD, a Chicago-based clinical ethicist. Death inevitably makes physicians think of their own mortality, he said. Those who deal with sick people can't help but ask themselves, What if this were me?

PHYSICIANS TRAINED TO FIGHT disease may also have difficulty accepting death because they view it as a defeat. "Disease is the enemy, and death is the extension of disease and requires our resolute fight," said Dr. LaPuma. "Death represents a failure on our part of everything we've offered and of all our efforts."

(Continued on page 14)

When patients die

(Continued from page 13)

In particular, medical students and residents need help learning to cope with death. "The first few times, it's very difficult to have a death," said Sam Page, MD, a fourth-year resident in anesthesiology at Northwestern Memorial Hospital. "You grieve a bit, but if the patient was very sick, you try to think of it in that context."

A course on death and dying is required for all medical students at SIU. The course, taught by Richard Dayringer, ThD, a medical humanities professor, helps students think about their own deaths. In addition, class activities include role-playing such situations as telling family members about patients' deaths.

Dayringer sees this type of course as essential. "As doctors become more comfortable with death in general and with their own deaths in particular, they aren't so anxious and are more willing to spend time with patients' families talking about death. Also, they're more likely to call in others — such as a chaplain, social worker or psychologist — to help the family deal with the death."

In the emergency department at Northwestern Memorial Hospital, regular conferences for residents include ethics lectures and discussions with hospital clergy. Still, more could be done, said Edward Michelson, MD, associate professor of medicine at Northwestern University Medical School.

"I don't think these conferences help residents deal with their own feelings as physicians," Dr. Michelson explained. "They are more about dealing with where patients' families are coming from and with the families' cultural traditions."

Learning to handle patients' deaths also requires objectivity. "It's normal for

tured time for family activities and hobbies like golf or cooking.

"It may seem frivolous, but having an outlet is terribly important when you're trying to reconcile the sorts of things that have happened to your dying patients," he said.

Talking about their feelings also helps

*It's normal for the first couple of days
to go over the patient's death and think about what
else you could have done.*

the first couple of days to go over the patient's death and think about what else you could have done," said Kenneth Micetich, MD, a medical oncologist at Loyola University Medical Center. "That helps you work it through and rationalize the death by knowing you did everything you could. A doctor can feel sad, but he or she can't afford to suffer the same degree of loss as the patient's family."

Despite attempts at objectivity, physicians who deal with death often suffer from a buildup of stress. They need regular outlets to help release those pent-up emotions, Dr. LaPuma said.

Physicians who suffer from burnout or become too callous tend to allow too little time for themselves. Dr. LaPuma recommended that doctors set aside struc-

physicians deal with death. Dr. Blatt and his two medical partners find support in sharing experiences with one another. They also attend national and international meetings of health care professionals who care for AIDS patients.

Dr. Michelson talks about his patients' deaths with his wife and his colleagues. Case-management discussions at formal morbidity and mortality conferences also help medical professionals deal with their feelings about patients' deaths, he said.

"We see physicians who show very little emotion, but I don't know if that means they are callous," Dr. Michelson said. "They may just have a different way of handling deaths based on their cultural backgrounds and the way they were raised."

LETTING PATIENTS GO is perhaps the most difficult task for a physician, but Dr. Wabner said Americans' tendency to deny the reality of death indicates an "extremely sick society."

"An Englishman in palliative medicine said, 'You Americans look at death as a failure to achieve,'" Dr. Wabner said. "That is so totally to the point. Death is reality, but we have developed ways of not facing it."

In the relatively new field of palliative medicine, physicians treat patients with advanced terminal illnesses. "The goals shift here from curing or prolonging life at all costs to improving the quality of life," said Charles von Gunten, MD, director of the Center for Palliative Medicine at Northwestern Memorial Hospital. "My source of professional and personal satisfaction is that I help people by easing their pain, shortness of breath and anxiety. I bring patients and their families closer together through sensitive discussions."

Dr. von Gunten said his work is sad but not depressing. When those he has cared for die, he feels he has done everything humanly possible to make their lives as full and rich as they could have been. Also, he has helped his patients experience a "good death."

"A good death means a patient dies where he or she wants to die, with family members he or she wants close by, with as much independence and control and dignity as possible, and as free of bothersome symptoms as possible," Dr. von Gunten explained. "That's an achievable goal for most patients, and the physician has the primary role in helping it happen." ■



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Infectious diseases

(Continued from page 1)

the only common denominator."

No infected children died, but three children were hospitalized in the medical center's intensive care unit. Two of them developed hemolytic-uremic syndrome, and one was placed on dialysis, Dr. Rosenberg said.

"We were expecting a big rash of cases because of the potential number of people exposed," he said. "It was fortunate. It could have been worse."

IN ANOTHER PUBLIC health incident, more than 50 people in Whiteside County have sought treatment for symptoms of viral meningitis since June 2, according to Michael Zurn, administrator of the county health department.

IDPH and the U.S. Centers for Disease Control and Prevention are helping the Whiteside County Health Department find the source of the meningitis outbreak, Zurn noted. As of Aug. 9, five confirmed and 51 suspected cases had been evaluated at CGH Medical Center in Sterling.

However, the outbreak is not confined to the Sterling and Rock Falls area. Suspected cases have also been reported in Lee and Ogle counties and in the western areas of Whiteside County, a health department spokesperson said.

Doctors have played an active and important role during the meningitis outbreak by detecting symptoms, treating patients and reporting suspected cases to the local health department, Zurn said.

The type of enteroviral meningitis detected is one of the mildest forms of the disease, Zurn noted. "Many people equate meningitis with fatal illness, but this is the least dangerous kind. Physicians can stress this to their patients to give them peace of mind."

Physicians can help prevent the spread of meningitis by educating their patients about the disease and the importance of washing their hands thoroughly, especially after diaper changing.

In southern Cook County and northern Will County, lab results are pending on seven people who reported symptoms of St. Louis encephalitis since Aug. 9, according to IDPH. Blood tests have shown preliminary indications of the mosquito-borne disease, and the CDC is conducting additional tests, IDPH said.

"The reports of these possible cases indicate a need for increased awareness, surveillance and control activities," Dr. Lumpkin said. "The most effective way to curb the threat of St. Louis encephalitis is to eliminate mosquito breeding sites in our own yards."

St. Louis encephalitis affects the central nervous system and can cause permanent neurological damage or death. Symptoms range from a slight fever or headache to rapid onset of severe headache, high fever, muscle aches, stiffness in the back of the neck and disorientation, according to an IDPH news release.

Mosquitoes often breed in containers of stagnant water, drainage ditches and low spots in the ground that contain water. Consequently, people should empty birdbaths, drain or fill low spots and clear drainage ditches of excess vegetation, Dr. Lumpkin recommended. In addition, individuals should use insect repellent and ensure that door and window screens fit tightly to prevent mosquitoes from entering their homes. ■

Campaign on marijuana use announced

[CHICAGO] In his role as chairman of the Partnership for a Drug-Free Illinois, Lt. Gov. Bob Kustra in August announced a public awareness campaign aimed at informing parents about the health risks of marijuana. In addition to providing educational materials for adults and kids, the campaign features public service announcements, which were distributed to television and cable stations statewide.

The educational materials include posters for adults and children, fliers and step-by-step kits to help people conduct local awareness campaigns. "The majority of teens believe that drug use begins between the ages of 14 and 17. If that is true – and the teens should know – then those of us who



Kustra

are parents, or who play an influential role in the lives of adolescents, can make a difference in the way our children view marijuana," Kustra said.

A Columbia University study showed that teens cited drugs as their biggest worry today – far outranking crime, sex, social pressures or grades, he said. In particular, the study revealed that more than half of the high school sophomores surveyed had friends who used marijuana and half had received an offer to buy or share marijuana.

"With each day, research points to more health risks associated with marijuana use. We know the risks and are learning the dangers. Now, it's time to stop the use among our teens," Kustra said.

The anti-marijuana campaign marks another step in an overall public awareness program. Previous campaigns have targeted the dangers of alcohol use, drug addiction and inhalant use. ■

Teen tobacco use

(Continued from page 1)

"By themselves, they will not put a dent in stopping [teens] from smoking. But, they are good first steps. They are part of the arsenal that we need to adopt."

Through Doctors Ought to Care, a physician advocacy group, Dr. Houston said he has helped "activate physicians to do more than mildly talk to their patients about smoking and to become involved on the street in their communities." The group has achieved results. "We picketed the Virginia Slims Tournament, and as a result of our picketing, the sponsorship of the event was changed. We were successful in getting legislation signed into law by Gov. Jim Edgar during the last legislative session that required the state's entire public school system to be smoke-free."

A general surgeon in Hoffman Estates wrote to U.S. Sens. Carol Moseley Braun and Paul Simon, Illinois Democrats, to voice the support of the Illinois Division of the American Cancer Society for legislation that "restricts access to cigarettes for minors, improves educational programs in schools and eliminates federal funding of tobacco subsidies." Ermilio Barrera, MD, said he favored a measure like the one sponsored by U.S. Rep. Dick Durbin (D-Springfield) to eliminate \$42 million in federal tobacco subsidies. However, that measure failed due to intense pressure from the tobacco lobbyists. "The problem is that until the current representatives supporting the tobacco industry are replaced by people more in tune with the public's health and welfare, we will not be able to make significant changes," he said.

During the last several years, Dr. Barrera has conducted in-service education programs for teachers in various school districts, warning them of the harmful effects of smoking. "They then use this information in their health lectures to their students." His educational programs focus on prevention rather than cessation, he said.

"We have tried everything from restricting access of cigarettes to prohibiting vending machines. Now, we are trying to prevent young children from starting to smoke," said Stephen Sener, MD, a surgical oncologist at Evanston Hospital and past president of the Illinois ACS. "Here in Illinois the median age to begin smoking is 12, and once [people] start smoking, they do not stop."

As part of Dr. Sener's long-standing involvement with the Illinois ACS, he participated in its observance of the Great

American Smokeout. In addition, he has helped produce a video game that has been distributed to arcades across the state.

"Our message has been weakened due to the creative marketing strategies by the tobacco industry," Dr. Sener said, adding that it is hard to fight an industry that has so much money to spend on marketing. The overall rise in the use of tobacco products reflects increased usage by children and women, he added.

Tobacco companies have called on their customers, retailers, factory workers and others to pressure Congress into opposing any anti-tobacco measures, according to information from the American Heart

Association. "[However] it will not be easy for members of Congress to stand up and say, 'We love Philip Morris,'" Dr. Houston said. "We have lots of momentum right now, and we will continue to push forward."

Building on the efforts of individual physicians, the ISMS Council on Mental Health and Addiction on Sept. 16 will recommend to the Board of Trustees that the Society submit comments in favor of the proposed tobacco regulations. The council based its recommendation on ISMS' House of Delegates policy on tobacco and member support for the regulations. ■

ANNOUNCING

Cost-Effective

MEDICAL MALPRACTICE

INSURANCE ALTERNATIVES

Malpractice Insurance Alternatives Are Available For:

- Physicians, regardless of your practice situation.
- Group Practices: existing and in formation. Traditional and emerging practice settings.
- Any type of Healthcare Facility or Healthcare Delivery System.

For more information, at no obligation, on your malpractice insurance alternatives, contact the malpractice insurance specialists:

Cunningham Group

1100 Lake Street, Suite 230, Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

Classified Advertising

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs: family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Robinson, Illinois – Crawford Memorial Hospital is seeking a physician for its emergency department. This is a career position that has an annual remuneration in excess of \$90,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Morrison, Illinois – Morrison Community Hospital is seeking a staff physician for its emergency department. MCH has an emergency department volume of approximately 8,500. This is a career position that has an annual remuneration in excess of \$95,000. Benefits are available, and professional liability insurance can be procured on your behalf. Qualifications include a minimum of two years of emergency department experience and ACLS. For more information, contact Holly Stanwich, Coastal Physician Services, at (800) 326-2782, or fax your CV in confidence to (314) 291-5152.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$110,000 plus benefits. Part-time is a minimum of \$60 per hour. Also seeking a full-time medical director to supervise practice and make visits. Excellent compensation, including equity. For both positions, please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414) 544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800) 326-2011, ext. 4700, for practice profile.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215.

Family practice, internal medicine, obstetrics/gynecology and urgi-care physicians needed to join single-specialty and multi-specialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family practitioners, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Rd., Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Remember when medicine used to be a profession?

And you used to be a doctor?

Today, a successful physician in private practice is really a CEO. You spend long, stressful hours organizing and growing a practice, marketing services, hiring and maintaining an army of staff, consultants and experts to maneuver through costly and complex government and insurance regulations and bureaucracies, interfacing continually with lawyers, accountants, media advisers and more.

Like many other physicians, you feel frustrated by these demands that take you away from being a medical practitioner, from your family, from time for yourself.

Are you ready to make a change, to put your energy and your days primarily into quality patient care and services?

Consider this: As a staff physician with the Humana Health Care Plan, HMO, you function in a collegial environment.

Our 19 health centers, conveniently located throughout the metropolitan area, are efficiently organized, state-of-the-art facilities offering collaborative support for an excellent clinical practice.

Your earnings will be highly competitive and the comprehensive benefits program, including generous vacation and CME leave, complements a rewarding practice and lifestyle.

Due to continued growth in membership, we are seeking board certified general internists and family physicians for several of our Chicago-area offices. Women and minority candidates are encouraged to apply.



Humana®
Health Care Plans

Interested? Address your inquiries to:

Mitchell Rhodes, M.D., or Danella Windham-Morris,
Medical Affairs, 30 S. Wacker Drive, Suite 3100, Chicago 60606.
Or call 312.441.5377, or fax 312.441.5045.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Midwest: Physician-managed group offers excellent full-/part-time emergency medicine/ambulatory care opportunities in Illinois, Indiana, Iowa, Missouri, Wisconsin and surrounding states. Clinical and administrative positions in supportive environments. To learn more about our practice, please contact NES/Midwest, Diane Temple, Director of Physician Recruitment, at (800) 654-6374; fax (708) 654-1203; 440 East Ogden, Hinsdale, IL 60521.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, internal medicine, orthopedic surgery, dermatology and emergency medicine. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. OB optional. Choose suburban, semi-rural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and saving plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semi-rural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Situations Wanted

No insurance companies to battle with: CommunityHealth, a free clinic serving unemployed and uninsured patients, seeks committed physicians to volunteer services at our North Side Chicago location. We're a full-service primary care clinic of volunteers. Call Serafino Garella, MD, (312) 395-9900. The coffee's bad, but the experience is heartwarming.

Board-certified family physician with broad experience seeks part-time or locum tenens position. Please send replies to Box 2275, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practicing FP public aid clinic MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club - prime location, corner of Rt. 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Call (312) 337-6904.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovies, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Mil-tex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Chicago - near Northwestern Memorial hospitals: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000 square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location - immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Miscellaneous

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing - a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Medical CD-ROMs/software: Free catalog. More than 100 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. Recorded message gives details.

Do you want to get paid on your insurance claims in 14-21 days? Do you want to have fewer claims returned because of errors? Do you want to greatly reduce your outstanding receivables? Then call Owens Computer Services today at (217) 753-4736. Ask for Stacie or leave a message.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

Over 2000 hospitals and 2200 groups looking for physicians!



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."
Kellie S. Johnson, M.D.
Cleveland, OH

Loan Forgiveness
Smaller towns
Higher incomes
Signing bonuses
1000's of locations

FP Urgent Care
No call/ inpatient
Set hours
Most communities
100's of jobs

Metro Cities
Established groups
Larger call groups
Great facilities
300 cities

Hem/Onc Ohio
Cardiology Texas
Surgery Virginia
Occ Med Ohio
Pulm Kentucky

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country . . .

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

OVER 2000 RURAL LOCATIONS



**The
Curare
Group, Inc.**

NEW OPENINGS DAILY!

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

Good Samaritan law protects physicians from liability

Illinois' Good Samaritan Act provides physicians with protection from legal actions when they step in and help during an emergency situation.

Enacted in 1923, the Illinois law protects physicians if certain conditions are met. They must not have had notice of the illness or injury or charged a fee for their services. In addition, physicians must have provided emergency care and must have treated the victim in good

faith and without gross negligence. The law was originally intended to help doctors who administered care to motor vehicle accident victims. It was later expanded to include victims "of an accident at the scene of the accident or in case of a nuclear attack."

In 1973, the act was amended again to substitute the word "person" for "victim" and to add the caveat that physicians must not have had notice of the

illness or injury.

In a ruling issued by the First District Appellate Court of Illinois in December 1993, the Good Samaritan Act was expanded to include protection for doctors who render emergency care in a hospital setting. However, there are no guarantees that the act will protect physicians in every emergency situation, since the law has been infrequently tested in the courts. ■

Barrington physician

(Continued from page 1)

"I just happened to be at the right place at the right time," Dr. Bell noted. "You could call it divine intervention. The Lord didn't want Matthew to die."

Although the paramedics immediately transported Helms to Northwest Community Hospital in Arlington Heights, he was later transferred to Children's Memorial Hospital in Chicago for further testing and management because of the hospital staff's expertise in cardiology, said Janette Strasburger, MD, an electrophysiologist who treated the boy at Children's.

"It's very rare for someone under 21 years old to die while playing sports," said Dr. Strasburger. "But a strong blow does exert some electrical energy, especially if it comes at a critical time of the heartbeat." Cardiac arrest can occur in young people participating in sports if they suffer a sudden blunt and nonpenetrating blow to the chest, she explained.

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)

Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

**PBT Physicians'
Benefits Trust**
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

*It's very rare for
someone under 21 years
old to die while playing
sports. But a strong
blow does exert some
electrical energy,
especially if it comes
at a critical time of
the heartbeat.*

In fact, the most common cause of death in youth baseball is cardiac arrest, according to a 1991 study reported in the American Journal of Diseases of Children. And an August 1995 clinical report in the New England Journal of Medicine revealed that most young sports participants rarely survived blunt, nonpenetrating blows to the chest that caused cardiac arrest.

"There are only three cases nationally [in which] children have survived similar accidents," Dr. Strasburger said. To revive Helms, a "cool head" was necessary. "[Dr. Bell] clearly had it together. He really saved the boy's life."

Although Helms is home recuperating, Dr. Strasburger said she is continually monitoring him for possible problems. "We are trying to determine whether he can go on to lead a normal, active life. We're very optimistic about his future."

The only similar case on record in the Chicago area occurred about 20 years ago, and records regarding the patient's long-term survival are missing, Dr. Strasburger said. That case may have involved a patient from Evanston and a doctor from the Highland Park area, she noted. Since information about that case could help her determine Helms' ongoing treatment plan, Dr. Strasburger asked that anyone with knowledge of the 20-year-old case contact her at Children's. "[Long-term] monitoring of Matthew is required to observe him for complications that may arise." ■



THIS IS HOW SOME COMPANIES FEEL

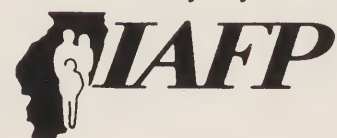
ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“Being a doctor used to only be about helping **patients**. Now it’s about national, state and courtroom issues too. I depend on ISMIE to be my voice. They know the **legal** system as well as they know medicine.”



Insurers come. And unfortunately, insurers go. But since 1976, one company has remained dedicated to serving the physicians of Illinois. The Illinois State Medical Inter-Insurance Exchange. Naturally, we work with attorneys who specialize in Illinois medical malpractice law. But we also work with the Illinois State Medical Society to pursue tort reform, like caps on non-economic damages. And other issues that will improve the liability climate for doctors statewide. So trust your coverage to the most venerable, physician-owned insurer in Illinois.

Over 10,000 of your colleagues do. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

ISMS managed
care symposium
scheduled for
Sept. 30

PAGE 4

W1 IL417L

NO. 19

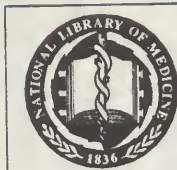
1995

SEQ: SR0063601

TI: ILLINOIS MEDICINE

09/28/95

Illinois Me



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

IS STATE MEDICAL SOCIETY • SEPTEMBER 22, 1995



male physicians
ain strength in
numbers

PAGE 9

John McNulty



ATTENDEES listen to a presentation on the ethics of managed care given by John Schneider, MD, an ISMS Third District Trustee. The Aug. 11 program was part of a three-day conference at Northwestern University Medical School in Chicago. See story, page 7.

New York physician groups sue Aetna

COMPLAINT: Doctors say insurer pressured them to sign managed care contracts. BY KATHLEEN FUREORE

[NEW YORK] Three groups of New York anesthesiologists filed an antitrust suit against Aetna Life and Casualty Company on Aug. 21, claiming the insurer forced them to sign contracts unfavorable to them and their patients, according to Whitney N. Seymour, Jr., the physicians' attorney and a partner at the New York law firm Brown & Seymour. The suit is currently pending in federal court in Manhattan, Seymour said.

"Basically, they sued for the way they were being pushed around," explained Seymour. "The objective of the litigation is to keep doctors in charge of their patients' care."

Aetna threatened to terminate its contract with the hospitals in which the physicians worked if they refused to sign contracts for the Aetna Health Plans of New York, the insurer's health maintenance organization, Seymour said. But the physicians wanted to change some of the contract's provisions, including what they considered to be an unfavorable appeals process, he added.

"Aetna sent the contracts to

MANAGED CARE

the doctors, and they said they would sign. But they wanted some provisions changed. Aetna said no - sign or else," Seymour explained. "The problem with the contracts Aetna presented and then failed to negotiate was that they provided no vehicle for handling disputes. If a doctor said, 'My patient needs this care' and Aetna said no, it was the end of the matter."

The anesthesiologists wanted the right to an unbiased appeals process for disagreements over appropriate and necessary medical care, according to Seymour. "They wanted to be able to get impartial arbitration with an impartial arbiter and two knowledgeable doctors - one representing each side."

As written, the contracts put decisions regarding the medical necessity of recommended procedures in Aetna's hands, according to plaintiff Harvey Finkelstein, MD, of Plainview Anesthesiologists at North Shore University Hospital in

(Continued on page 15)

INSIDE

**New tests
detect
cardiovascular
disease**

PAGE 2



**Teens get
firsthand look
at medicine**

PAGE 3

DEPARTMENTS

News Briefs.....2

Commentary.....4

ISMIE Update6

Classifieds11

**IDPR
Disciplines13**

State EPA contests herbicide findings

PUBLIC HEALTH: A recent study showed contamination in the water supply. BY KATHLEEN FUREORE

[SPRINGFIELD] The Illinois Environmental Protection Agency is challenging the results of a recent study that reported high levels of herbicide contamination in the tap water of four Illinois cities. "The results are not accurate," said EPA spokesperson Joan Muraro regarding the findings released in mid-August by the Environmental Working Group, a Washington, D.C.-based private research and advocacy organization.

The group's study revealed pesticide levels that often exceeded federal health standards in the drinking water in 28 of 29 Midwestern cities monitored between May 15 and July 2. Among the 12 cities listed as having the highest her-

bicide-contamination levels were Danville, Decatur, Granite City and Springfield, according to a news release issued by the EWG.

The chemicals most frequently found in the water tested were atrazine and cyanazine. Earlier studies have shown that herbicides can cause cancer, endocrine system dysfunction and birth defects in mammals, the release noted.

To analyze the tap water samples, however, the EWG used a test that is not approved by the federal EPA, Muraro said. In addition, the group refuses to share data regarding the analysis with the EPA.

"They say they found levels (Continued on page 15)

New law addresses organ donation

LEGISLATION: Gov. Edgar signs amendments to the Illinois Organ Donation Request Act and the Hospital Licensing Act. BY MARY NOLAN

[SPRINGFIELD] To help improve Illinois' rate of organ donation and transplantation, Gov. Jim Edgar signed several bills Aug. 21 amending the state's Organ Donation Request Act and the Hospital Licensing Act.

The need for increased organ donation is clear. Currently, more than 2,100 Illinoisans and more than 40,000 people nationally are waiting for a life-saving transplant, according to the secretary of state's office.

The Regional Organ Bank of Illinois - the federally designated organ procurement organiza-

tion that services hospitals in most of northern Illinois and northwest Indiana - had a list of 2,263 people awaiting organ donations on Aug. 1, 1994. That was nearly a 30-percent increase from 1993. "There were 214 organ donors in our area last year, [and] from those donors, 849 organs were recovered for lifesaving and life-enhancing transplants," said Jarold Anderson, president of ROBI.

"It is a great frustration that we, as physicians, have," said James Thistlethwaite, MD, a transplant surgeon at the Uni-

(Continued on page 14)

***** 3-DIGIT 208

NATIONAL LIB OF MED

00539

TS-INDEX MEDICUS

8600 ROCKVILLE PIKE

BETHESDA MD 20894-0001



AT AN AUG. 19 fashion show for cancer survivors, Noah Van Drunen (left) and Ty Hillegonds prepare to walk down the runway. The show, sponsored by Saint James Hospital and Health Centers in Chicago Heights, took place in Lynwood and included a lunch and a silent auction. Proceeds went to a new cancer endowment at the hospital.

St. John's offers mental health program for seniors

[SPRINGFIELD] St. John's Hospital and Medical Center has expanded its mental health Day Treatment Program to include a service for people over 60. The Older Adult Day Treatment Program offers therapy for seniors who need more intensive therapy than is available through conventional outpatient services but who don't need hospitalization, said Philipp Bornstein, MD, program director.

"Insurance companies aren't paying for and patients don't like inpatient hospital care," said Dr. Bornstein, a board-certified geriatric psychiatrist. "This program offers intensive treatment while allowing patients to function in their communities."

The program uses a multidisciplinary team approach to help older adults with age-related problems, declining physical health, depression or emotional problems. Team members include psychiatrists, occupational and recreational therapists, a spiritual counselor, and a social worker, Dr. Bornstein said.

"This program is a viable alternative to hospital care," he explained. "It can help catch problems early [before hospitalization is required], allows for stabilization of hospital patients and provides more

intense and rapid follow-up, especially as patients decompensate after release."

Free assessments are available to determine the nature and severity of patients' problems and to discuss treatment options, said Julie Oswald, the community relations director at St. John's. They can be done in patients' homes, doctors' offices and nursing homes. The program also offers free transportation for seniors in need, Oswald said.

Community outreach is another important aspect of the senior mental health program. "We provide a link with community support groups," Oswald explained. For example, the program can put recovering adults in touch with local bridge clubs, senior citizens centers, volunteer groups and home psychiatry services. There is also a support group for families of seniors in the program, she said.

Psychiatrists and other nonpsychiatric medical professionals may refer patients to the Older Adult Day Treatment Program, Dr. Bornstein said. Referrals are also accepted from social service agencies, patients' families or friends or any person in need of the program. To contact St. John's about the program, call (217) 535-3995.

New tests detect cardiovascular disease

STUDY: Physicians may be able to identify individuals likely to suffer from heart attacks and strokes. BY MARY NOLAN

[DALLAS] Findings from a recently released study conducted by researchers at the University of Pittsburgh show that two simple and cost-effective tests may allow physicians to detect early signs of cardiovascular disease and to identify individuals likely to suffer from heart attacks and strokes. Heart attacks and strokes are reportedly the first and third leading causes of death in the United States, respectively, according to information from the American Heart Association, based in Dallas.

"These tests allow physicians to find disease before it declares itself, allowing us to better mix our level of intervention to the level of risk," said Rodman Starke, MD, the AHA's senior vice president for scientific affairs. "[They] give us a way to better segment our populations into low- or high-risk groups."

The tests, known as duplex ultrasound and ankle-brachial blood pressure, could be especially cost-effective for individuals

over 60 and beneficial for people under 60 who have one or more risk factors. For example, a person over 65 who has a positive finding on both tests has almost a two- to three-times greater chance of developing clinical disease.

The duplex ultrasound test uses a combination of ultrasound and Doppler flow to detect blockage of the carotid arteries. The ultrasound provides a picture of the carotid artery wall, and the Doppler measures the velocity of the blood flow. The devices complement each other, with one providing an indication of the extent of blockages and the other giving an indication of the effects of those blockages on blood flow.

The study yielded similar results to other studies that showed individuals who have subclinical cardiovascular disease related to one specific vascular bed, such as the leg arteries, are at higher risk for atherosclerosis at another site, such as the heart or brain.

Rehab helps stroke victims recover

[WASHINGTON] Stroke survivors fare better when they are properly evaluated and receive rehabilitation that meets their individual needs, according to recently released clinical practice guidelines from the U.S. Department of Health and Human Services' Agency for Health Care Policy and Research.

"Unless stroke survivors are properly evaluated and then correctly matched with the services they need, their rehabilitation may lead to less than optimal results," said Glen Gresham, MD, director of rehabilitation medicine for the State University of New York at Buffalo and chairman of the 18-member panel that developed the practice guidelines.

Specifically, the new stroke guidelines give health care providers standardized assessment tools to help them evaluate

patients' medical, psychological and neurological condition. The psychological evaluation is important because major depression occurs in between 10 percent and 27 percent of stroke survivors, said Douglas Kamerow, MD, director of the center that coordinates development of the AHCPR clinical practice guidelines.

The guidelines also list criteria physicians can use to determine the type and level of rehab each patient needs, Dr. Gresham explained. "Practitioners who refer stroke survivors for rehabilitation must be familiar with local rehabilitation services and their capabilities. Otherwise, people may be sent to a place that does not best suit their needs." Failure to find the right "fit" can result in too little or too much care, the guidelines noted.

Primary care providers should coordinate patients' medical needs during their transition back to life in the community, according to the guidelines. And one member of the rehab team should be the designated coordinator of services to establish a baseline evaluation and keep consistent records of the patients' progress throughout rehabilitation, the document states.

Stroke is the leading cause of adult disability, and the direct cost for stroke rehab is \$7.6 billion annually, according to AHCPR data.

Physicians may order the guidelines from the U.S. Government Printing Office at (202) 512-1800.

The PBT Challenge

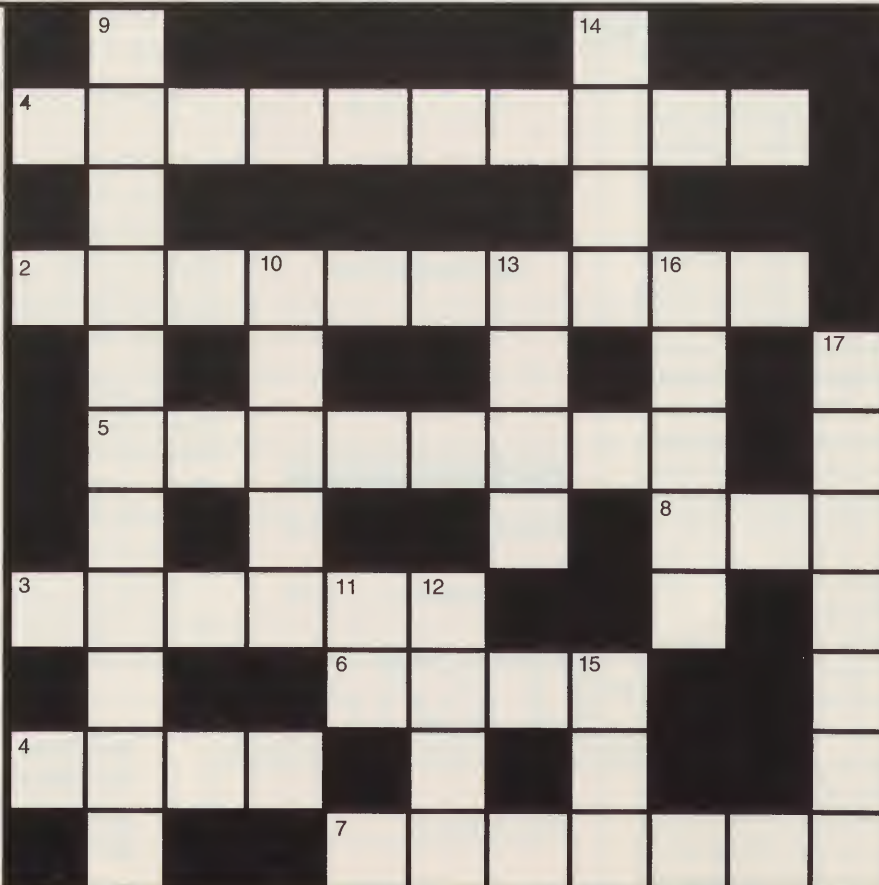
Solution In This Issue

This crossword puzzle, like our PBT benefit plans, is designed especially for physicians!

Across

1. The act of drawing out or removing.
2. Denoting certain arched anatomic structures.
3. Lacking normal tone or strength.
4. Furuncle.
5. Twitching of the eyelids.
6. Harmful agent.
7. Organ fails to develop.
8. Charged atom.
9. The process of removing moisture.
10. Extends from the cecum to the rectum.
11. Opposite of out.
12. Stroke or blow (French).
13. Closed hand.
14. What the PBT pays best.
15. American Medical Association.
16. Crystalline product of coal tar used to stain cells.
17. New or international candle.

Down



Illinois Medicine (ISSN 1044-6400) Volume 7, Number 19, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Teens get firsthand look at medicine

EDUCATION: High school students learn a little about what it's like to be a doctor. BY MARY NOLAN

[BARRINGTON] High school seniors interested in pursuing a medical career get an idea of what it takes to be a physician by participating in Good Shepherd Hospital's Future Physician Program. During the six-week summer program, participants gain experience similar to that of third-year medical students, according to the program's founder Richard Smith, MD, an Ob/Gyn at the hospital.

"They learn the life of the hospital," said Dr. Smith, who completed a similar program at MacNeal Hospital in Berwyn when he was a student. "It's about life and death. You can watch 'ER' on television, but until you see it yourself, it is not the same. They get firsthand experience in what it is like as a third-year medical student."

"It is a trial period for the students [during which] they could cement their career ambitions," noted Robert Pines, MD, a Good Shepherd Ob/Gyn. "They get to know in advance what we go through every day, and that helps them decide whether they want to become a doctor."

The program gives high school students an opportunity to see medicine being practiced outside the confines of a classroom, said June Thomas, manager of Good Shepherd's Ob/Gyn department. Twelve students completed this year's program and received awards and certificates. Since the program's inception four years ago, 41 students have participated, Thomas said. Many of the participants will enter college this fall with hopes of becoming physicians, she said.

During this year's program, the students accompanied doctors, registered nurses and other health care workers in several areas, including the birthing center, the laboratory, the emergency room and the radiology, orthopedics and physical medicine departments.

"When the students watched us perform vaginal deliveries, cesarean sections, hysterectomies and other surgeries, there was always a good degree of inquisitiveness on their part," Dr. Pines said. "Their questions varied depending on the individual. Some were quiet, while others talked all the time. Overall, they seemed to obtain an enriching experience from the program."

AFTER PARTICIPATING in the program, student Elizabeth Bell said she is certain she wants to be a general surgeon. "I learned that there is more to medicine than science and that physicians really do have a human side to them. That is what really counts — a doctor's bedside manner."

The program also solidified student David Radin's desire to be a doctor. "I thought the program was great. It was a challenge, and I learned a lot. Though technically we're only able to watch doctors, we were able to clean the instruments on the days we were in the central sterile processing room. That was my favorite time."

Radin said he also enjoyed the time he spent in the labor and delivery room watching mothers give birth. But watching births "didn't move me as much as it did some of the girls in the program. They came out in tears," he added.

Bell noted that some experiences were difficult. "I won't ever forget the time that the doctors performed surgery on this woman to check whether a tumor was cancerous. When they opened her up, she was filled with tumors. That was very hard for me to deal with because I thought to myself, Here was a real person that the doctors couldn't help. It was awful."

Dr. Smith said he has high hopes that the Good Shepherd program will do for the student participants what the MacNeal program did for him — provide a mechanism to learn about the life of a health care professional and pinpoint the areas of medicine that interest them.

The Future Physician Program is funded by Dr. Smith, other medical staff members, the hospital auxiliary and in-

terested community members. When the students graduate, they receive a \$1,000 stipend. Many use the stipend to help pay for their college education, Thomas said.

Between 200 and 300 students apply to the program every year, and only 10 to 12 are accepted. The application process includes a written essay, school transcripts, personal interviews and letters of recommendation.

"They excel in different areas of study, yet they have the same interest," Thomas said. "When you take a look at everyone who applies and those who are selected, what kind of students do you see? Overachievers." ■



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

CHEMOTHERAPY RELATED HOSPITALIZATIONS

Over the past decade, a major shift has occurred in the practice of oncology, in that the delivery of chemotherapy has become almost entirely an outpatient event. Ambulatory infusion centers, home healthcare programs and the availability of more effective adjuvant drugs that lessen the immediate toxicity of chemotherapy have all contributed to allowing this change. Nonetheless, chemotherapy remains a not infrequent cause for patients to be hospitalized — either for the actual administration of the drugs, or for the management of certain toxic effects.

Regarding the need for hospitalization to administer chemotherapeutic agents, the vast majority of drugs can and should be given in the outpatient setting. Except for intense regimens for certain hematologic malignancies, and approaches utilizing high dose chemotherapy with stem cell rescue, hospitalization for chemotherapy should be rare, and would be expected to be closely scrutinized in most utilization review programs. In addition, preparatory regimens for chemotherapy, including hydration and premedication, can be done in the outpatient setting and again, would rarely require admission.

With respect to hospitalization for the management of the toxic effects of chemotherapy, the patient with febrile neutropenia (defined as a temperature of 38.5°C or greater, or three elevations over 38°C in 24 hours, with an absolute neutrophil count of 500/cmm or less) presents the most pressing problem. Although some patients can be managed entirely as an outpatient, hospital admission is nearly always required for the initial evaluation and management of this condition, as patients are at high risk for serious infection. Once diagnosed, well described strategies for effective management utilizing empiric antibiotics are indicated.^{1,2} An important concern however, is the necessary duration of hospital stay for treatment of such patients. Based on a review of expert opinion, it is reasonable to conclude that patients who are otherwise clinically stable can be discharged when: absolute neutrophil counts exceed 500/cmm and are rising; the patient has been afebrile for a minimum of 24 hours; any necessary antibiotic regimen — prophylactic or otherwise — is in place and can be administered for the required duration in the outpatient setting (including the use of home healthcare or other alternate settings); and appropriate clinical follow up can be arranged.^{1,2,3}

A potentially useful adjunct to lessen the duration of chemotherapy induced neutropenia, and therefore to facilitate shorter hospital stays, involves the use of colony stimulating factors. Recently published guidelines regarding their use in this and other clinical situations are recommended.⁴

¹ Hughes WT, Armstrong D, Bodey GP et. al., "Guidelines for the use of Antimicrobial Agents in Neutropenic Patients with Unexplained Fever" *J Inf Dis* 161:381-396 (1990)

² Pizzo PA, "Management of Fever in Patients with Cancer and Treatment Induced Neutropenia" *NEJM* 328:1323-1332 (1993)

³ Talcott JA, Whalen A, Clark J, et.al., "Home Antibiotic Therapy for Low-Risk Cancer Patients with Fever and Neutropenia" *J Clin Oncol* 12: 107-114 (1994)

⁴ "American Society of Clinical Oncology Recommendations for the use of Hematopoietic Colony Stimulating Factors: Evidence Based, Clinical Practice Guidelines" *J Clin Oncol* 12:2471-2508 (1994)

Illinois Medicine

VOLUME 7, NUMBER 19

SEPTEMBER 22, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Helping you manage managed care

No matter where you look these days, managed care is in the news. A front-page news story in this issue covers a lawsuit filed by three groups of New York anesthesiologists against Aetna Life and Casualty Co. The physicians say the insurer threatened to end its contract with the hospitals in which they worked if they refused to sign contracts for Aetna's HMO. But the doctors didn't want to sign the contracts without first negotiating some problematic provisions, according to their attorney. For instance, the physicians considered the appeals process for handling disagreements over appropriate patient care to be unfair, but the insurer would not negotiate.

Also related to patient care were news stories about two cancer patients – one in Illinois and one in Oregon – whose physicians recommended autologous bone marrow transplants but whose insurers refused to cover the cost. In Illinois, a physician at Hinsdale Hospital has offered to perform the procedure even without payment if necessary. In the Oregon case, a U.S. District judge ordered Blue Cross & Blue Shield of Oregon to pay for the treatment, which the patient has almost completed.

Regardless of the extent of an individual member's involvement in managed care, ISMS is offering a helping hand. On Sept. 30, the Society will conduct a

managed care symposium for members at the Marriott O'Hare Hotel in Chicago. The program, "Physicians Seizing the Reins of Change," will illustrate the importance of physician leadership in managed care, introduce ISMS' Management Services Organization and help provide the tools and infrastructure to flourish in managed care. For more information or to register, members may contact the division of governmental affairs at (800) 782-ISMS.

If members want help with contracts or other legal issues related to managed care, they can be matched with an attorney through the Lawyer Referral Network. Participating lawyers have been selected on the basis of their advocacy for physicians and their expertise.

For those members needing practice management assistance, that help is also just a phone call away. Through the Society's Consultant Referral Service, physicians can be linked with a consultant specializing in medical practice and managed care. Members can get referrals or more information about both the legal and consulting referral services by calling (800) MD-ASIST.

Whether you are currently immersed in managed care or just sticking a toe in the water, ISMS will continue giving you the resources you need, and Illinois Medicine will keep you informed about them. ■

PRESIDENT'S LETTER

Who is managing health care?

Raymond E. Hoffmann, MD



Here is the opportunity to get back in the driver's seat. We had been there for centuries and had done an excellent job.

The newspapers are full of articles about health care. There are stories under headlines like "How one company controls health costs: office nurses," and those stories are echoed by TV shows. In Rockford, a coalition of employers has purchased a primary care group and is contracting directly with other physicians.

We all have heard stories about hospitals buying physician practices, ambulance companies and helicopters. Again, here in my hometown of Rockford, there are now very few family physicians who are not employees of hospitals.

Indemnity insurance companies now require precertification and concurrent review. All of us have spent many hours on the phone answering the simplistic and repetitive questions their employees must ask. All this just to get the patient cared for properly.

The governmental payers continue to use multiple review agencies and facility licensing boards. PROs seem less confrontational now, but they are still applying the same methods.

Public health departments run well-baby clinics, AIDS clinics and Pap smear and birth control clinics. This is to get care to those who would not otherwise go to physicians' offices.

HMOs limit which hospital and which physician their enrolled patients can choose. And under HMOs, some tests and procedures are virtually impossible to have done, even if ordered by a physician.

So who is controlling health care? These methods of manipulating patient access omit the most important element, the physician.

Since the beginning of the practice of medicine, patients have gone to physicians for care. They didn't go to their government or public health department to treat their cold or cancer. Only in recent times have patients even had insurance companies, and those companies haven't developed any new operations or medical cures.

The physician-patient pairing is at the center of health care, and it must be at the center of any changes in managing health care. Sure, in the new order, patients will have new responsibilities and

expectations. But physicians must be part of the decision-making.

The experts writing about the evolution of health care in America are pointing out that purchasers of that care are now trying to access the physician directly. It's about time. We've been responsible for this management for centuries. We are knowledgeable enough to understand and adapt to the changes going on. We just need the tools and the instruction to carry it off.

That is where ISMS comes in. For more than a year, a dedicated committee composed of ISMS members and representatives from other medical societies has been working to form a Management Services Organization that will offer physicians the help and expertise to manage change.

Physicians are traditionally wary of change and undergo any transformation slowly. We are busy, and we like others to investigate new procedures and medications and then instruct us (while giving us CME credits if possible).

The upcoming ISMS symposium "Seizing the Reins of Change" does just that. Here is a chance to learn how to take back some control over those changes. I personally do not fear change as long as I have some say in the process. Well, here is the opportunity to get back in the driver's seat. We had been there for centuries and had done an excellent job. We can do it again with the tools that will be shown on September 30 at the Marriott O'Hare Hotel in Chicago.

I strongly encourage physician attendance. This conference is not only for independent physicians, but for participants in HMOs and employees of hospitals and clinics. In fact, it is for any physician who is interested in managing the changes that are affecting every one of us. I'm sure that means it is for all physicians.

You need to come, and I hope to see you there. You can even get six CME credits!

Physicians must be the managers of health care. ■

GUEST EDITORIAL

Moms don't deserve the bums' rush

By Ellen Goodman

©1995, the Boston Globe Newspaper Co., Washington Post Writers Group. Reprinted by permission.

The phrase is just a little too cute: "Drive-thru deliveries." Not even the most parsimonious health insurer has actually told a mother to keep her car running outside the delivery room for a postpartum getaway.

But you get the idea. Suddenly, we are confronted with a fast-food approach to birthing. Mothers don't dally at the hospital anymore. They don't even have time to digest. They're supposed to get what they came for — a baby — and get out.

Remember all those years when women tried to get the medical establishment to stop treating childbirth like an illness? Remember the pressure to make delivery less institutional and more homey? Well, be careful what you wish for.

In the 1990s, the postpartum world isn't just like home, it is home. Mothers and babies are routinely discharged in a day. Sometimes they're ejected 12 or even six hours after delivery.

This is not because the insurers took a women's health movement seminar. It's because of financial pressures. The new managers of care may not yet have limited the number of contractions on your health plan, but they've determined how many hospital hours you're permitted.

The managed care of mothers is not all that different from the managed care of any other patients. In the new world of cost-cutting medicine, any treatment short of a triple-bypass is a candidate for an outpatient procedure. People are being discharged with — I use the term deliberately — abandon.

But with 4 million deliveries a year, birth is the most common reason for hospitalization and the most widely shared experience. With the growing testimony about dramatic and sometimes dangerous results of early discharge, this is the procedure that's finally rung the national alarm bell.

There is alarm about the small but serious number of problems in newborns discharged too early. Problems of jaundice, dehydration, even death. There's alarm as well about the mothers dismissed before they felt physically or emotionally ready to deal with their children at home. There's the loudest alarm at the sense that neither patients nor doctors — but rather HMOs and insurers — are making medical decisions.

For every story about a newborn who developed severe problems, for every

mother without enough time to heal or learn how to breast-feed, there's a tale of a doctor under pressure to cut costs or be "de-selected" from some insurer's list of providers. One threatened obstetrician in New Jersey even called herself "an indentured servant."

For these reasons, "drive-thru" patients and stressed-out doctors have jointly turned to the legislature for help. Maryland and New Jersey have both passed bills that require insurers to pay for a hospital stay of at least 48 hours after a routine delivery. Similar bills have been introduced in California and Massachusetts.

On June 27, a bill was also introduced in the U.S. Senate that would make 48 hours the standard for a routine delivery and 96 hours for a cesarean. Shorter stays would be permitted as long as the doctor and mother agreed and home health care was provided.

Generally, it's a bad idea to legislate medical treatment. We don't want politicians deciding that everyone's entitled to an X-ray or to a certain medication for a disease. Medicine changes too fast. Health problems are too diverse for mass prescription.

Even in childbirth, there are a lot of women who regard the hospital as unhealthy and want to get out as quickly as possible. There are some who prefer to give birth at home.

At \$1,000 or so a day, the hospital's a pretty expensive place to use for recuperating or for learning how to bathe a newborn. The option of a home health visit is a good one if it exists and works properly.

But it's clear that we need some legislation to keep medical decisions in the hands of patients and doctors. That's not just true in the managed maternity ward but in the whole new health care world.

Robert Blendon of Harvard's School of Public Health says that we are witnessing the emergence of new medical consumer protection laws. There's an alliance between the consumer — the patient — and the physician. Both want medicine to be practiced according to the highest professional standards, not according to the industry's bottom line.

In the end, we don't just want to protect the number of hospital hours. We want to make sure that the quality and quantity of treatment are determined by medical judgment.

What better place to begin than at birth? On the highway to drive-thru deliveries, we're finally laying down some speed bumps. ■

Quotables

"If you spend two weeks in Florida sipping pina coladas, you may feel a lot less pain than you did shoveling snow at home in Boston. But if you move to Florida and your body gets used to that warm climate, when the temperature drops you may hurt just as much as you did when the weather changed in Boston."

— **Dr. Robert Jamison, a clinical psychologist**, on chronic pain, New York Times

"It's going to be a battle royal at very big expense and with potentially high rewards."

— **Neil Sweig, of Landenberg, Thalmann & Co.**, on the over-the-counter availability of former prescription ulcer medications, New York Times

"To lose sight of just how lucky we are to have a profession in which we do well for ourselves by doing well for others reflects a puzzling loss of perspective."

— **C. Eisenberg, MD**, New England Journal of Medicine

"I would consider what's going on right now the equivalent of the asteroid hitting the earth during the dinosaur era. That asteroid's just hit, and it's getting dark and cool for the solo practices."

— **Terry Mielling**, of John Nuveen, on the effect of market consolidation on physicians, American Medical News

"Specialists are taking us much more seriously. We're very capable of channeling business to people or away from them."

— **Wes Waller**, a vice president at Foundation Health Corp., on the power of HMOs, Wall Street Journal

"With the economy the way it is, and with managed care, the most critical decisions are being made in the [doctor's] office. They're not being made in the intensive care unit anymore."

— **Thomas Cesario, MD**, dean of the University of California/Irvine Medical School, Orange County Register

"Everybody wants us to train primary care doctors, but nobody wants to send us primary care patients."

— **Greg Hart**, president of the University of Minnesota Health System, St. Paul Pioneer Press

Practice Management Advancing the State of the art

PCN® HEALTH NETWORK™

Information System

Today's provider must communicate with many healthcare organizations. The PCN Health Network information system does more than practice management; it can connect the provider to many:

- Managed Care Plans
- Clinical Laboratories
- Other Providers
- Financial Institutions
- Hospitals
- Insurance Carriers
- Pharmacies
- and more . . .

The PCN Health Network information system offers today's connectivity and a vision for tomorrow's Healthcare Information Highway.

contact:

SARVASYSTEMS

An authorized independent PCN Reseller

Telephone: (708) 827-9400
Facsimile: (708) 827-9405
1111 E. Touhy Avenue, Suite 410
Des Plaines, Illinois 60018

Physician Computer Network and PCN are registered trademarks and PCN Health Network is a trademark of Physician Computer Network, Inc.

THE MOST RECENT recipient of the Society's Employee Recognition Award is Karen Hoeferle, ISMS' training and development assistant. She was cited for her participation on various projects and committees beyond the scope of her job.



Carla Sommerfeld

*Watch for coverage
of liability in ambulatory
care settings in an
upcoming issue*

ISMIE Update

Plaintiffs' experts pose problems

Defense attorneys can overcome testimony from unqualified expert witnesses. BY KATHLEEN FURORE

Most physicians have heard the horror stories: A jury believes a general surgeon's testimony against a defendant cardiovascular surgeon even though the plaintiff's expert has never performed the highly specialized procedure in question. A doctor reviewing a bad outcome retrospectively convinces jurors the defendant physician was negligent in failing to diagnose cancer even though the patient's symptoms were consistent with several other diseases.

In addition to the troublesome circumstances surrounding the use of plaintiff expert witnesses, the witnesses themselves may be less than credible. "In Illinois courts, even if a [plaintiff's] expert is clearly flawed, the judge will still let the testimony come in and let the jury give it the appropriate weight rather than outright barring it," explained E. Michael Kelly, an attorney with Chicago's Hinshaw & Culbertson. "These experts aren't regulated in any way. And in many cases, it is legal fiction that the burden of proof is on the plaintiff. Where there are profound injuries, I've always contended the burden is on the defendant."

"Plaintiffs' experts fall into two distinct categories – the professional or semiprofessional testifier and the true believer," Kelly continued. "The first derives a good deal of income from testifying and is extremely good at convincing a lay jury. These experts play doctor real well and are very dangerous. The second kind often are sub-

sequent-treating physicians who either feel something was done wrong or have the need to say they were lifesavers. They come wrapped in the mantle of a do-gooder and are extremely troublesome."

Lack of intellectual sincerity also poses problems during malpractice trials, according to Frank Petrek, an attorney with the Chicago firm Bolinger, Ruberry & Garvey. "For a physician to say, 'I know the standard of care' when he or she truly doesn't is the biggest single problem we encounter in defending physicians."

Petrek said he had to counter a retired surgeon's testimony against a dermatologist whose patient sued because he bled after a hair transplant. "I looked at the witness and said, 'Since you've never done a transplant, how do you get off criticizing my client?' He said, 'We're dealing with basic issues. If you've done surgery, you know hemostasis has to be achieved.' But if the expert had been intellectually sincere, he would have said, 'I really don't know the method or standard of care involved in the transplant operation.'"

Theoretically, similar criticisms could be levied against defense experts. But Petrek said they more often know the standard of care involved than plaintiffs' witnesses do.

"If a defense expert is intellectually sincere, he or she will say, 'There is a problem with the case – settle,'" he explained. "Based on my experience, defense experts are more likely

to do that [than plaintiffs'] experts are. Almost 100 percent of the time, defense experts know the standard of care."

Kelly added that plaintiffs are under less pressure than defendants in malpractice trials and "can bring in experts who are less savory and get away with it. They're just trying to show a mistake was made. And to some degree, juries identify with the plaintiff. So from a defense side, you have to be more careful in considering how the jury will react to your expert."

The fact that plaintiffs' experts know the outcome of a case and can look at it retrospectively also gives them an advantage, the attorneys said.

"Plaintiffs' experts have had time to review all the records. They have the luxury of looking at one case in the textbook way. But the defendant physician didn't have the benefit of using a 'retrospectroscope,'" said Dorothy French of the Chicago law firm French, Kezelis & Kominiarek. "It's easy to say someone should have diagnosed an ectopic pregnancy when you know the details of a case. But a woman presenting with abdominal pain could have appendicitis [or] a tumor. A doctor isn't a psychic."

The qualifications for expert witnesses in Illinois were tightened with the new tort reform law, which requires plaintiffs' experts to be board-eligible or board-certified in the same specialty as the defendant physician or have experience or certification in the medical problem

or treatment at issue. In addition, the experts must spend at least 75 percent of their time practicing, teaching or conducting university-based research, and hold a current medical license in one of the 50 states or the District of Columbia.

But even with the new standards, some problems with plaintiffs' experts will remain, the attorneys said. Nevertheless, defense attorneys can deliver a knockout punch to plaintiffs' experts, especially when the qualifications of those experts are questionable.

"The less qualified, the better," said French. "During closing arguments, you talk to the jury and attack the logic [of the plaintiff's expert]. For example, if an Ob/Gyn in Illinois failed to diagnose breast cancer and the plaintiff's expert is from out of state, I'll say, 'If you think the case is so strong, why did the plaintiff go out of state to find someone willing to testify?'"

If a general surgeon is testifying against a cardiovascular surgeon, French said she challenges the jury by saying: "Don't you think if a cardiovascular surgeon was willing to be brought in, they would have brought him in? No, [instead] they brought in a general surgeon."

"You can usually get a handle on plaintiffs' experts who have agendas and are there just to make money," Kelly said. "The scariest experts are the ones who come in and don't try to stretch facts or spin reality. Those are the ones who keep you up at night." ■

Seminar to address liability in managed care

To help physicians limit their liability exposure in managed care, ISMIE will conduct half-day seminars on risk management issues in managed care in Springfield on Oct. 5 and in Oak Brook on Oct. 7. The Springfield program is scheduled from noon to 4:30 p.m. at the Springfield Renaissance Hotel, and the Oak Brook program is slated from 7:30 a.m. to noon at the Chicago Marriott Oak Brook Hotel.

The programs are open to all physicians and their staff members who deal with managed care organizations. Participants will learn about the liability associated with managed care, techniques to minimize those risks and legal issues related to managed care contracts.

The cost of the seminar is \$50 for ISMIE policyholders and their office staff and \$100 for other attendees. ISMIE policyholders will be given priority registration, and ISMIE reserves the right to return registration fees for nonphysicians if space becomes limited. The deadline for registration is Sept. 29. To register, call ISMIE's risk management division at (800) 782-4767 or (312) 782-2749. ■

MALPRACTICE ROUNDUP

Court rules HMOs can be liable for care

The New Jersey Supreme Court unanimously ruled in April that health maintenance organizations can be sued under some circumstances for the way they manage care, according to a story in the May 8 issue of the National Law Journal.

In a malpractice trial, the court found the physician in Marmar vs. Health Care Plan of New Jersey 90 percent to blame for a patient's death from undiagnosed testicular cancer, and the patient's family was awarded \$2.9 million. After the ruling, the physician sued the HMO, contending that it should accept part of the blame based on its "independent breach of contractual duty to a patient-subscriber."

Although the court ruled the claim was "procedurally barred in the circumstances of this case" because the physician and his attorneys had waited too long to assert the claim, it said "such a claim may be asserted." The ruling opens the door to future claims.

The health plan's spokesperson said the ruling "doesn't appear to be inconsistent with recent lower court decisions." But the decision diverged from the traditionally accepted view that HMOs are immune from malpractice litigation, according to the story. An attorney who represents East Coast physicians and hospitals said the ruling appears to "give the green light for patients to hold HMOs accountable." ■

Managed care changes interaction with patients

CONFERENCE: Doctors must provide quality care and manage resources well. BY MARY NOLAN

[CHICAGO] The ethical implications of managed care on physician-patient relationships was the subject of an Aug. 11 program during the Fourth Annual Conference on Ethics in Healthcare Institutions held at Northwestern University Medical School in Chicago. The proliferation of managed care organizations has transformed the health care marketplace into an economic commodity that affects the way physicians interact with their patients, said speaker John Schneider, MD, an ISMS Third District trustee and chairman of the Society's Third Party Payment Processes Committee.

"Because of advances in science and technology, patient care has become much more complex, to the point that it now involves the doctor in directing the use of resources by others," Dr. Schneider said. "Increasingly, the physician has become, in part, a businessperson managing the resources and dollars rather than simply a professional committing time and personal skill."

In comparing physicians' role today with that of doctors who practiced in the early part of this century, Dr. Schneider referred to a Norman Rockwell painting depicting a doctor sitting at the bedside of an ill child. Because of economic constraints, physicians today lack the ability to spend as much time with patients as did the doctor in the painting, he noted. "[Today's] physician may willingly give personal time without recompense, but to provide needed care, [he or she] must utilize testing and treatment resources, the cost of which the physician does not directly control."

Doctors have a moral obligation to act in the best interest of their patients and to use resources wisely in diagnosing and treating them, Dr. Schneider said. "Medicine is a profession rather than a trade because the doctor's actions for the patient are provided without an expectation of a personal benefit," he noted. "We, as physicians, must remain as professionals, not entrepreneurs. Our patients depend upon us."

Dr. Schneider urged physicians to continue patient advocacy. "We need to sacrifice some of our individual autonomy. We need to join with our colleagues to assert and reassert our professional commitment to beneficence [and] to maintain patient trust by replacing loss of individual autonomy with group autonomy for decisions affecting patient care."

To achieve that goal, physicians must be able to develop health care delivery networks and health plans that do not have restrictions regarding risk-sharing, he said. "The ability of physicians to have input into the policy of any managed care health plan must be enhanced."

As an example of how physicians can achieve such empowerment, Dr. Schneider described an AMA proposal calling for the creation of organized medical staffs within managed care entities. "These medical staff organizations would function in a fashion similar to hospital medical staff organizations. Physicians would be responsible for the selection and credentialing of physician participants based upon skills and demonstrated competence rather than purely economic consideration and willingness to

submit to management directives. They would be responsible for review of their colleagues' practices.

"Physicians, not business personnel, would assume the responsibility for guidance and education of their fellow physicians to ensure efficiency [and] maintain and improve the quality of care," he added.

The proliferation of managed care

and the related commitment to cost containment have "resulted in a negative concept of the physician as a gatekeeper," Dr. Schneider said. Managed care plans often arbitrarily define what types of doctors can serve as primary care physicians. Some plans allow only general internists, pediatricians and family physicians to act as primary care gatekeepers, he noted. But many women

regard their Ob/Gyn as their primary physician. Under managed care, those women may be able to see their Ob/Gyn only on referral from a gatekeeper with whom they "have no relationship," Dr. Schneider explained.

However, there are some positive aspects to the gatekeeper concept. "The gatekeeper physician is the person to whom the patient turns for care, support and guidance. [He or she] not only facilitates access to care but oversees the provision of care, negotiates and evaluates that care, [and] provides education and assistance to [his or her] patients in decision-making."

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - *Nation's Business*

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - *Linda Picazio, Florida*

"New source for best buys in insurance. One way to get to know the market..." - *Kiplinger's Personal Finance*

"Quotesmith keeps a database of about 350 insurance companies." - *Good Housekeeping*

"Quotesmith offers particularly thorough searches" - *Los Angeles Times*

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - *Forbes*

"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - *SmartMoney*

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - *Money Magazine*

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - all sorted by lowest cost. Call 24 hrs. per day.

Quotesmith
Insurance price comparison service
1-800-431-1147



THIS IS HOW SOME COMPANIES FEEL

ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



WOMEN IN MEDICINE MONTH

Female physicians gain strength in numbers

By
Ted Hartzell



Historically, there have been pluses and minuses to being a female physician. One doctor, now in her 40s, remembers not taking call at the hospital because there was nowhere for women to sleep. Another physician, also in her 40s, recalls her female minority status as a benefit: "All the professors remembered you."

Although these incidents took place only about 20 years ago, that time seems downright ancient in some ways. The numbers have changed dramatically. A generation ago, less than 10 percent of medical students or practicing physicians were women, according to the AMA. In the 1969-70 academic year, 3,390 women were enrolled in U.S. medical schools — 9 percent of the total number of students. But by 1994-95, with 27,552 women enrolled, that proportion rose to 41.1 percent, said the Association of American Medical Colleges.

In addition, about 20 percent of the country's physicians are women. Between 1970 and 1990, the number of the nation's female physicians quadrupled, from 25,400 to 104,000, and between 1970 and 1992, the number of women on medical faculties surged by 130 percent, AMA figures show.

There have been other changes, too. Female physi-

cians need to rely less on "honorary man" behaviors of the past, said Janet Bickel, director of women's programs for the AAMC. Those behaviors could be profound or superficial. For instance, women felt the need to make sacrifices in their personal lives to accommodate their profession and to dress unobtrusively on the job, she explained. Currently, "residents in all specialties are having children, [and] they're dressing in reds and pinks," Bickel noted.

Today's young women are more inclined to see the world as summed up by the question, What's possible for me? said Norma Wagoner, PhD, dean of students at the University of Chicago Pritzker School of Medicine. Female medical students tend to be "high achievers, success-oriented, career-oriented. Many of them are coming from families with physicians and scientists." These students combine a can-do attitude with a traditional female orientation to serve others, she said. "It's how young girls are brought up."

"Many women who have been drawn to health-care professions and helping professions and service-oriented professions are now realizing that medicine is

(Continued on page 10)

Female physicians

(Continued from page 9)

not something that is out of reach for them," said Gerry Schermerhorn, PhD, former associate dean of students at the Southern Illinois University School of Medicine in Springfield, in SIU Aspects magazine.

In recent decades, the biggest changes for women in medicine have been that more women are regarding medicine as a viable career, applying to medical schools and successfully completing their schooling, said ISMS' President-elect,

Sandra Olson, MD, who will be ISMS' first woman president.

Today's female medical students are "more comfortable with their abilities and more self-confident" than their predecessors, said Penelope Tippy, MD,

director of SIU's Family Practice Residency Program in Carbondale. As a medical student in the early 1970s, she had the attitude "I have to be better," she said. "I can't even be sick."

The chance to make a difference in

others' lives was one reason Julie Lund of Paris, Ill., now a fourth-year medical student at SIU, chose the profession after three years of work in banking following undergraduate school.

Female medical students are strong team players, Wagoner said. "They grow up learning how to share, so their egos are not so much at stake." She said she detects this quality in women physicians in leadership positions.

Young women heading for medical careers don't encounter any real friction in their undergraduate years or during their first two, classroom-oriented, years of medical school, said Wagoner. But when they do clinical work toward the end of medical school and during their residencies, they are more likely to be supervised by men and have few female role models, especially in areas like surgery.

Female students are also likely to confront fundamental questions about career and family. During residency interviews, female students are sometimes questioned in areas in which male students are not, Wagoner said.

In residencies and practice, an easy rapport with patients and a good bedside manner are qualities many women seem to possess, said Henry Anderson, MD, vice president for professional affairs at SwedishAmerican Hospital in Rockford. However, he quickly added that these behaviors aren't exclusive to women.

At SwedishAmerican, where 32 members of the 248 medical staff members are women, Dr. Anderson said he has witnessed a "progression of complete acceptance [of women] by their male counterparts, the community and other professions. I just don't see any boundaries."

Darren Jones, director of physician services at McDonough District Hospital in Macomb, said he has never heard of any resistance against female physicians at his hospital or others. McDonough's medical staff of 35 includes two female physicians, and a female Ob/Gyn will be added next year.

"I don't think there's very much discrimination at all," said Andrea Baumgartner, MD, vice chief of staff at Northwestern Memorial Hospital, where 245 of the 1,263 physicians are women.

"There are pockets of resistance out there," Lund said. "You do meet people who have fairly outdated ideas of what a woman should be doing with her time. [But] they haven't impeded my progress."

For academic positions, even if the credentials of female applicants are identical to those of men competing for the same position, women might not seek the job, Bickel said. The problem may be that women generally tend not to think of themselves as leaders, she explained.

Although the percentage of women faculty in all medical specialties has increased gradually, the proportion of women attaining the rank of full professor has stalled at the same level as in 1980 — 10 percent, Bickel said in a commentary in the Feb. 1995 issue of the Western Journal of Medicine.

Academic medicine should promote greater diversity and improve at processing conflict, Bickel said. "Fortunately, it is possible to talk to academic leaders who have taken these issues on. In order to recruit and retain the best people, they're going to have to pay more attention. The best leaders are paying attention to these issues."



hen [women] do clinical work during their residencies, they are more likely to be supervised by men and have few female role models.

Why Do Physicians Need HIV Disability Coverage?

Gaps In Your Long Term Disability coverage Make HIV Coverage Essential.

HIV has unique implications for physicians. As a practical matter, due to ethical and social issues, a physician's ability to practice medicine ends if he or she becomes HIV Positive. But most disability plans don't recognize this fact. With a typical Long Term Disability Plan, you might not receive a benefit until you are physically unable to perform your medical specialty. This could take as long as 5 years. However, you could have an immediate loss of earnings. Even if your Long Term Disability Plan provides some immediate benefits, you may not have enough to replace all of your lost earnings.

PBT HIV Disability Coverage Fills The Gap Between The Time A Physician Becomes HIV Positive and The Onset of Disability.

The PBT HIV Disability Program pays you the full coverage amount without regard to any other benefit payments or earnings you receive. The only requirement is that the covered physician test positive for HIV. This valuable protection was developed under the direction of the physician members of the PBT Board of Trustees who recognize the seriousness of the threat all physicians face. The Chicago Medical Society and Illinois State Medical Society have worked together to make sure that the resulting PBT HIV Disability Program provides an extremely high quality coverage that's also very affordable.

The PBT Offers The Lowest Rates Anywhere — \$130 per year for each \$100,000 coverage you purchase.

For the third year in a row, we have been able to keep the cost to just \$130 per year for each \$100,000 of HIV coverage. This is the lowest cost available for this type of coverage. Be certain to enroll for enough coverage to provide income during the period from the receipt of an HIV Positive test to the onset of Disability. With the PBT HIV Disability Program, you can purchase up to \$750,000 of coverage subject to a maximum of 5 times earnings.

Summary Of PBT HIV Disability Program Advantages:

- Pays 100% Of Benefit Even If You Continue Working
- Fills The Gap In Your Disability Coverage
- Lowest Cost Available Anywhere
- Pays In Addition To Other Disability Plans Or Other Forms Of Income
- Designed Exclusively For Physicians
- Lump Sum or Annual Payout Options

One More Reason Why You Need HIV Disability Coverage

AIDS is now the top killer in the 25-44 age group, according to the U.S. Centers for Disease Control and Prevention.

Call now for details

(800) 621-0748

(312) 541-2704



PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Programs

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$110,000 plus benefits. Part-time is a minimum of \$60 per hour. Also seeking a full-time medical director to supervise practice and make visits. Excellent compensation, including equity. For both positions, please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Waukesha, Wisconsin: Successful, hard-working FP seeks BC/BE associate to join busy suburban southside clinic. Income guarantee and high income potential. Twenty minutes west of Milwaukee, population of 58,000 and easy access to Madison and Chicago. Weekend call shared with another two-physician practice. First-class, 307-bed hospital and outstanding specialists. Fax CV to (414) 544-1978 or call Susan Brewster, Waukesha Memorial Hospital, (800) 326-2011, ext. 4700, for practice profile.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215.

Family practice, internal medicine, obstetrics/gynecology and urgent-care physicians needed to join single-specialty and multi-specialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family physicians, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Situations Wanted

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital
+ Advocate

Practicing FP public aid clinic MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Rt. 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and .5 miles from Edward outpatient in the fastest growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-sq.-ft. building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Call (312) 337-6904.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Spirometers: Low cost, accurate, full featured, yet easy to operate. Interface with your office PC for big savings. Enhance your practice. Attractive reimbursements. (708) 789-0330.

Chicago – near Northwestern Memorial Hospital: AAA physician office space available immediately. Eliminate construction time, money, distractions and aggravation. Three exam rooms, private office, reception and support space for five. Optional X-ray suite and supplemental storage space also available. Call Rob, (312) 629-8811.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000 square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

For sale: Calyx MDX system software program with all latest updates included. Complete billing and insurance system – \$3,000, firm. Please send responses to P.O. Box 483, Edwardsville, IL 62025.

Miscellaneous

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. Recorded message gives details.

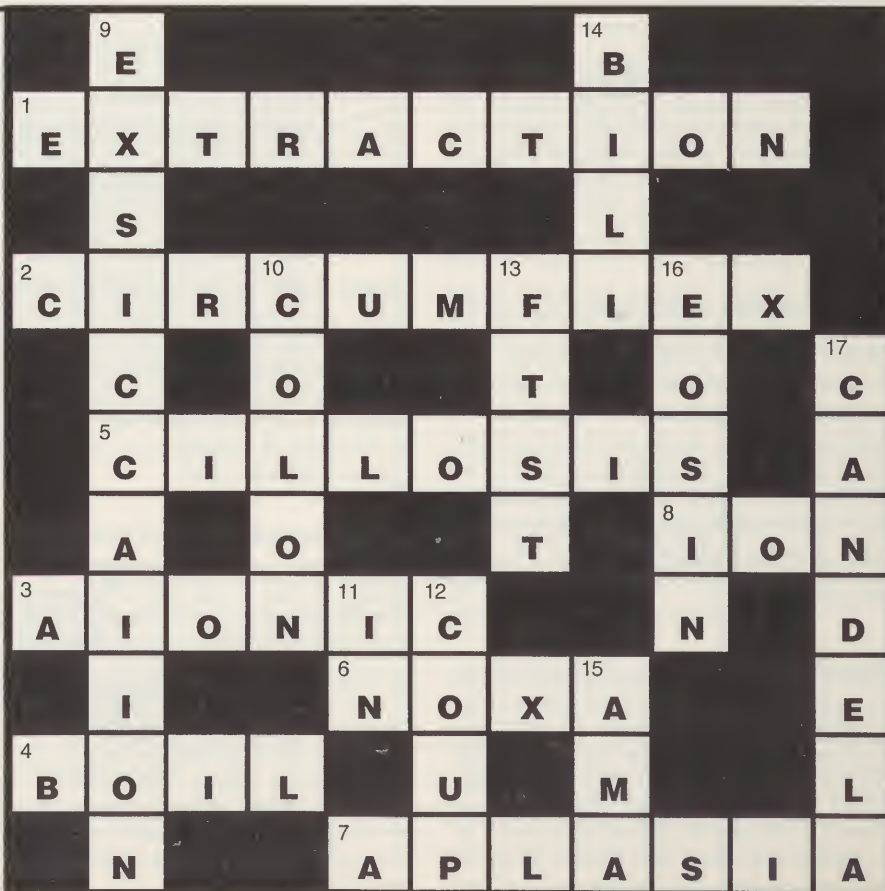
The Sixth Annual Rush Symposium on Hepatic & Biliary Disease. "Viral Hepatitis – Three Decades of Progress" by world-class panel of experts in viral hepatitis. CME credits offered. Presented by the Section of Transplantation Surgery and Section of Digestive Diseases. Thursday, November 2, 1995, from 8:00 a.m. to 5:00 p.m., at Rush-Presbyterian-St. Luke's Medical Center, Searle Conference Center, 1725 W. Harrison St., Chicago, IL 60612. For information call Ms. Lynn Knudson at (312) 942-6242.

The PBT Challenge

The PBT Has The Solution You're Looking For . . .

We hope you enjoyed solving *The PBT Challenge* crossword puzzle. As the official benefits program of the *Illinois State Medical Society* and the *Chicago Medical Society*, the PBT offers a full range of plans and coverage options designed specifically for physicians. Depend on the PBT for **Major Medical, Long Term Disability, Term Life**, and other programs. Individual and Group Practice plans available.

Call for details.
(800) 621-0748
(312) 541-2704



IDPR DISCIPLINES

January 1995

Randy Brown, St. Louis, Mo. – physician and surgeon license placed on indefinite probation after being disciplined in the state of Missouri.

Carol L. Childers, Chicago – physician and surgeon license suspended for six months followed by probation for two years due to unethical conduct.

William Conrad, Chicago – physician and surgeon license placed on indefinite probation after violating a previously ordered probation.

Cipriano C. Livas, Inverness – controlled substance license probation extended one year after failing to comply with previously ordered probation.

Milton Pitts, Chicago – physician and surgeon license indefinitely suspended due to inability to practice with reasonable judgment, skill or safety.

Robert G. Shurtleff, Chicago – physician and surgeon license indefinitely suspended after being disciplined in the state of Wisconsin.

Haney Wahba, Latrobe, Pa. – physician and surgeon license indefinitely suspended after being disciplined in the state of Pennsylvania.

February 1995

Richard G. Banta, Rockford – physician and surgeon license placed on probation for five years and controlled substance license indefinitely suspended after allegedly abandoning his medical practice; allegedly not properly destroying medication received by patients as required by law; allegedly writing prescriptions in the name of a former patient and having them filled himself; and alleged delivery of prescriptions to former patients even though no longer the physician.

Russell B. Bissell, Chicago – physician and surgeon license placed on indefinite probation and controlled substance registration indefinitely suspended due to unprofessional conduct in prescribing medications to public aid recipients without having a diagnosis.

Julius Clyne, Belleville – physician and surgeon license placed on probation for two years due to allegedly using pre-signed blank prescriptions and allowing an employee social worker to write prescriptions.

Jocelyn C. Enciso, Westmont – physician and surgeon license reprimanded and fined \$2,300 after practicing on a nonrenewed license.

Richard F. Gallagher, Oak Brook – controlled substance license placed on probation for two years due to allegedly exercising poor medical judgment in prescribing medications.

Larry Gaston, Chicago – physician and surgeon license indefinitely suspended after being disciplined in the state of Maryland.

Myles Goldflies, Chicago – physician and surgeon license and controlled substance license placed on probation for two years after allegedly issuing prescriptions for controlled substances for nontherapeutic reasons and failing to keep a proper record of prescriptions.

Jack Louis Graller, Glencoe – physician and surgeon license reprimanded and fined \$2,000 after practicing on a nonrenewed license.

John D. Kelly, St. Charles – physician and surgeon license reprimanded and fined \$1,400 after practicing on a nonrenewed license.

Alan H. Olefsky, Chicago – physician and surgeon license placed on probation for one year due to alleged revocation of D.E.A. license.

Rambha Radhakrishnan, Darien – physician and surgeon license reprimanded and fined \$500 after practicing on a nonrenewed license.

Naorum Ibotombi Singh, Troy, Mich. – physician and surgeon license indefinitely suspended after being disciplined in the state of Michigan.

Arvind Talati, Wheaton – physician and surgeon license placed on probation until February 23, 1996, after being disciplined in the state of Maryland.

Peter Teresi, Mundelein – physician and surgeon license revoked due to a felony conviction in the Circuit Court of Lake County.

Windsor Ting, New York, N.Y. – physician and surgeon license indefinitely suspended after being disciplined in the state of New Jersey.

Rakhil M. Zaidman, Ballwin, Mo. – physician and surgeon license indefinitely suspended after privileges were revoked by the Department of the Army and failure to report this action to the department.

This information is reprinted from the Illinois Department of Professional Regulation's monthly disciplinary report. IDPR is solely responsible for its content.

Pediatric Orthopaedic Problems and the Primary Care Physician

November 18, 1995

7:30 A.M. - 12:00 NOON

Shriners Hospital
2211 N. Oak Park Ave.
Chicago, IL 60635-3392

credit

4 C.M.E. hours (category I)

tuition

\$35.00 physicians

\$20.00 residents, nurse practitioners

information

Call 312-622-5400

Extension 286

Vickie Walter



**Shriners Hospital for Crippled Children
Chicago Unit**

ANNOUNCING

Cost-Effective

MEDICAL MALPRACTICE

INSURANCE ALTERNATIVES

Malpractice Insurance Alternatives Are Available For:

- Physicians, regardless of your practice situation.
- Group Practices: existing and in formation. Traditional and emerging practice settings.
- Any type of Healthcare Facility or Healthcare Delivery System.

For more information, at no obligation, on your malpractice insurance alternatives, contact the malpractice insurance specialists:

Cunningham Group

1100 Lake Street, Suite 230, Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

New law

(Continued from page 1)

versity of Chicago Hospitals and president of ROBI's Medical Advisory Committee. "About 10 percent of my patients die while waiting for a donor. There is too large a waiting list for donors."

Amendments to the Hospital Licensing Act require hospitals not only to notify their federally designated organ procurement organization when potential organ donors become available but to provide such organizations and tissue banks with access to the medical records of deceased patients. "This allows ROBI

to have access to data for estimating the hospital's potential for organ and tissue donation," Anderson said. "Access to these data also will help ROBI in verifying the hospital's actual number of organ and tissue referrals and donation cases, [as well as] identify the need for donation education within the hospital."

Previously, when ROBI audited the charts of deceased patients at 100 to 115 hospitals to determine whether those patients would have been suitable donors, "one-third were never even referred to the organization," Dr. Thistlethwaite said.

"Hospitals have made it difficult for

us because they were fearful that the records would be disclosed publicly," Dr. Thistlethwaite said. The amendments require records to be kept confidential and to be reviewed only by authorized parties, he added.

"With [improved] medical [records] access, ROBI will now be able to identify where the emphasis needs to be placed in identifying potential organ donors," Dr. Thistlethwaite said. That is the most crucial element of the bill, he noted.

Under amendments to the Organ Donation Request Act, hospitals must refer all medically suitable and potential organ donors to their federally designated organ procurement organization or tissue bank. The OPO or tissue bank can then request consent for donation or use alternative procedures, as long as those procedures have been agreed upon by the groups.

Beginning Jan. 1, 1996, hospitals that apply for a waiver can work with OPOs outside their federally designated area. "This change will not make much difference because it has never been a real problem here and because it has been de facto for several years now," Dr. Thistlethwaite said.

"Since ROBI began in 1987, we have had mechanisms in place in all of the hospitals we serve to approach families with the option of donation," Anderson said. "Each hospital has its own unique system. In some hospitals, for example, we approach families as a team of trained nurses, clergy and physicians.

While we encourage this system, some hospitals prefer to have ROBI staff approach the families directly."

"Unfortunately, I see many people die, but because many of them are young, they make good potential organ donors," said Uretz Oliphant, MD, a trauma surgeon at the Carle Clinic and Hospital in Urbana. A large percentage of his patients have suffered head injuries, making them a primary source for organ donations, he said.

BECAUSE THE AMENDMENTS will help identify potential organ donors, they are viewed favorably by transplant and trauma surgeons, Dr. Thistlethwaite said. "Often-times, physicians have had to tell loved ones about a patient's death and then turn around and request an organ donation. The law will take the process out of the doctor's hands and place it in the hands of [OPOs and tissue banks]."

Increasing the number of organ donors has also been a priority for Illinois' Secretary of State George Ryan. "Through our programs, we can increase awareness of the critical shortage of donated organs and decrease the number of people waiting for a transplant."

Ryan and his office are sponsoring the annual Organ and Tissue Donor Awareness Conference Sept. 21 and 22. At the program, health care professionals, clergy, funeral directors, coroners and others will gather in Chicago to discuss strategies and solutions to the critical shortage of organ and tissue donors. ■

Report on Financing of Practice Acquisitions

HPSC Financial Services has provided the financing for the acquisition of practices whose selling prices are shown below.

State	Selling Price	State	Selling Price	State	Selling Price
AZ.....	\$300,000	GA.....	\$106,000	NH.....	\$25,000
CA.....	50,000	ID.....	225,000	NC.....	120,000
CA.....	128,000	LA.....	185,000	NC.....	283,000
CA.....	90,000	LA.....	129,000	NC.....	125,000
CA.....	120,000	MA.....	125,000	NM.....	160,000
CO.....	110,000	MA.....	248,679	NV.....	64,795
FL.....	125,000	MA.....	68,000	NY.....	100,000
FL.....	90,000	MA.....	65,000	NY.....	400,000
FL.....	100,000	MA.....	235,000	NY.....	165,000
FL.....	135,000	MA.....	80,000	PA.....	145,000
FL.....	290,000	MA.....	200,000	TX.....	90,000
FL.....	275,000	MA.....	260,000	TX.....	150,000
FL.....	55,000	MA.....	225,000	TX.....	150,000
FL.....	270,000	ME.....	40,000	VA.....	94,950
FL.....	198,000	MI.....	365,000	VA.....	300,000
FL.....	240,000	MI.....	45,000	VA.....	15,000
GA.....	329,000	MI.....	150,000	VT.....	165,000
GA.....	150,000	MO.....	300,000	WA.....	151,805
GA.....	298,000	MO.....	395,500		

Selling, expanding, acquiring a practice?
HPSC, which has financed over 60,000 doctors
since 1975, offers you all these benefits:

1. Financing of practice acquisitions, up to 100% of purchase price. Competitive fixed rates – no "points" or hidden fees.
2. We help both seller and buyer find financing.
3. For start-ups and expanding practices, we finance equipment, leasehold improvements, working capital, merchandise contracts, computers, and other office equipment.
4. Innovative, flexible custom plans, geared to cash flow; tax benefits.
5. Leasing options: deferred payment; no down payment; graduated payments up to 72 months.
6. Quick response: up to \$125,000, 1 hour. Over \$125,000, with all requested documents in place, 24-48 hours.
7. Easy add-on to existing lease as practice grows.
8. Funding, servicing of all contracts in-house.

Would you like to discuss your project, or get more information?
Call us at 1-800-225-2488 or fax 1-800-526-0259.

HPSC *Innovative Financing for Healthcare Professionals*

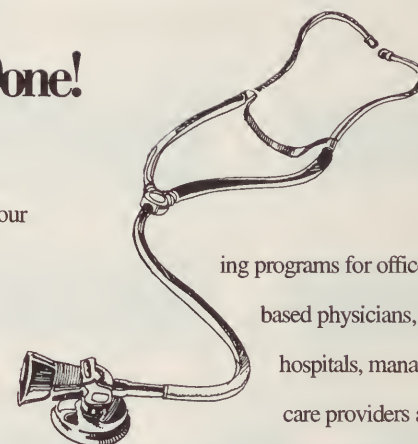
Sixty State Street, Boston, MA 02109-1803

Want to Increase Your Patient Base?

We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you.

Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-



ing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708-747-7701

Specialists in Health Care Marketing

New York physicians
(Continued from page 1)

Plainview, Long Island. "Quality control issues were the main reason for the lawsuit. If we felt care was necessary and Aetna didn't, there was no outside arbiter. The insurer's medical director, who is paid by the company, was making all the decisions."

Ultimately, the anesthesiologists signed the contracts. "We didn't want to jeopardize the hospital's financial integrity. We signed but said we were coerced," Dr. Finkelstein explained. "The insur-

ance companies were trying to coerce us by withdrawing from the hospitals, and that can't be tolerated."

The broader issue involves managed care contracts, which "in general, give doctors no rights," Dr. Finkelstein added. "Doctors are signing them out of a sense of fear. They're afraid their competitors down the street are signing them. But the contracts are not beneficial to medicine or to patients, just to insurance companies. There are clauses that give insurers complete control of quality of care, and we doctors become technicians."

Although the suit could take years to resolve, the physicians hope the insurer will ultimately be ordered to rescind the current contracts and renegotiate them "in good faith at arm's length with no threats," Seymour said.

Aetna contends, however, that the suit has no merit and plans to mount a vigorous defense, according to spokesperson Angelo Dascoli. "In no way does our contract impede on the quality of care delivered to our members. The physicians felt there was no appeals process. But to the contrary, we have an appeals process [that goes] through our medical director and a quality management com-

mittee made up of participants including doctors in private practice not employed by Aetna."

The contract in question also offers a mediation clause, according to Dascoli. "If an issue can't be resolved, it will go to an outside mediator," he said. ■

ISMS members who need advice on managed care contracts or other legal issues can be linked with an attorney through the Society's Lawyer Referral Network. To do so, physicians should call (800) MD-ASIST.

State EPA
(Continued from page 1)

of atrazine higher than acceptable federal levels," Muraro said. "But compliance [with federal standards] is determined on an ongoing annual basis. You would have to have extremely high levels [of weed killers] over an extremely long time to prove dangerous or be out of compliance. And when the standards are developed, they're done with an extremely large safety factor built in."

All public water suppliers in Illinois are required to monitor herbicide levels and if a problem is detected, take remedial actions. Muraro said she is unaware that the four Illinois cities have ever failed to comply with herbicide standards.

Nevertheless, the EWG recommended that through Aug. 30, parents in the most contaminated communities take precautions such as considering alternatives to tap water for infant formula, reconstituted juices and drinks for their infants and children, said David Rall, MD, former director of the National Institute of Environmental Health Sciences at the National Institutes of Health.

"Exposure to these pesticides in utero or during infancy and childhood, at levels that periodically exceed federal health standards, may contribute to an increased incidence of diseases such as cancer or to a loss of function in delicate or rapidly developing organ systems such as the endocrine system," warned Routt Reigart, MD, immediate-past chairman of the American Academy of Pediatrics' Committee on Environmental Health.

The average baby drinks about 2 liters of water daily – an amount equivalent to an adult's drinking 35 cans of soda a day. About 18,000 infants drank formula prepared with water that contained at least one weed killer at an average concentration that exceeded federal standards for the entire six-week study period, the EWG study said.

Springfield and many of the other communities cited in the EWG study are using carbon to reduce the atrazine in tap water, according to the EWG. And the Illinois EPA has been working to educate farmers about the potential dangers of herbicides and to discourage overuse of the products, Muraro said.

The EWG, however, is calling for a ban on atrazine and controlled use of other weed killers. "We applaud the use of carbon treatment by these communities, but the carbon treatment doesn't always work," said Brian Cohen, EWG analyst and study co-author.

Cyanazine manufacturer DuPont Chemical recently announced it will voluntarily phase out the product's use and cancel the registration of the herbicide by 1999, the EWG said. ■

Lowest Rates for Term Life
Available Exclusively Through
The Physicians' Benefits Trust
Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)						
Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!



Plus . . .

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

“When I was handed a **summons**, I went numb. Without ISMIE concentrating on my case, I would have had a hard time **concentrating** on my patients.”



Anger. Helplessness. Self-doubt. Considering the emotional upheaval a malpractice action creates, it helps to have an insurer that puts physicians' needs first. That insurer is the Illinois State Medical Inter-Insurance Exchange. We assign a team of experts to every case, including claims analysts, physician specialists and the best medical malpractice defense attorneys in the state. Whether your claim goes to trial or is settled, your team is there to support you with an aggressive strategy to achieve the best possible outcome. So take care of your patients. And let ISMIE take care of you. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

W1 IL417L 1995
 NO. 20
 V. 7 C. 01 SEQ: SR0063601
 TI: ILLINOIS MEDICINE 10/13/95

Edgar acts on health care bills

PAGE 8

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • OCTOBER 6 1995



Urban care clinics reflect community needs

PAGE 11

Matt Ferguson



JOCKEYS in traditional silks race their horses in the St. James Farm Steeplechase held Sept. 16 in Warrenville. Proceeds from the event went to Marianjoy Rehabilitation Hospital.

ISMS to participate in bid for state Medicare PRO contract

ACTION: Society's Board of Trustees approves partnership with KePRO based on recommendation of subcommittee. BY KATHLEEN FUREORE

[CHICAGO] The ISMS Board of Trustees on Sept. 16 gave the Society the go-ahead to join KePRO, a wholly owned affiliate of the Pennsylvania Medical Society, in bidding for Illinois' Medicare peer review organization contract. The U.S. Health Care Financing Administration's deadline for submit-

ting bids was Sept. 29. ISMS chose KePRO because of its experience with PRO programs and its desire to form a joint venture with the Society, according to John Schneider, MD, vice speaker of the ISMS House of Delegates and chairman of the Subcommittee on Governmental Initiatives.

Before making a final selection, the subcommittee met with representatives of KePRO, the Central Illinois Medical Review Organization and the Iowa Foundation for Medical Care to discuss possible relationships. It also reviewed data from the Colorado Foundation for Medical Care, Dr. Schneider said. "We talked to other PROs, but we wanted a greater level of involvement than they were willing to give. We wanted not only to endorse [a PRO entity], but also to have direct input into policy, and we wanted the possibility for a future financial partnership. KePRO was very favorable to joint venturing."

The subcommittee also spoke with physicians who have worked with KePRO. They indicated the organization worked closely and very well with medical societies, Dr. Schneider said.

"Our decision to generate a relationship with KePRO was in keeping with our Physician First approach to the services we offer," said Ronald Ruecker, MD, a Seventh District trustee and a subcommittee member. "The other PROs all wanted our endorsement but didn't want to let us in on the action. If we're getting into the PRO business, we need [to provide] input into the day-to-day aspects of the organization. KePRO was willing to let Illinois physicians be very much partners in the clinical and financial parts of the venture. No one else offered us input in decision-making."

Although historically wary of PROs, ISMS decided to become involved in the process (Continued on page 17)

Emergency care bill introduced in Senate

PROVISIONS: Federal legislation would require insurers to pay for emergency care based on symptoms, not diagnoses. BY KATHLEEN FUREORE

[WASHINGTON] On Sept. 13, Sen. Barbara Mikulski (D-Md.) introduced a Senate version of the Access to Emergency Medical Services Act of 1995 in the U. S. Senate. The bill, which was introduced in the House of Representatives in July, would define an emergency based on patients' symptoms instead of final diagnoses, ban managed care plans from requiring preauthorization for emergency services and require plans to cover ER services regardless of whether they had contracted with a given physician or institution, according to information from the American College of Emergency Physicians.

The legislation would protect patients enrolled

MANAGED CARE

in managed care plans and in Medicare and Medicaid HMOs from potentially harmful managed care practices, the ACEP said. Currently, some insurance plans deny payment for an emergency room visit if the patient is not diagnosed with a life-threatening condition, regardless of the severity of symptoms. Or they refuse to pay because a patient failed to contact the primary care physician or to seek prior authorization, the ACEP said.

"Many managed care companies are creating a form of Russian roulette for patients who seek emergency care," explained ACEP President

(Continued on page 16)

Physician offers services to leukemia patient after insurer refuses payment

LAWSUIT: Patient sues Prudential for failure to pay for autologous bone marrow transplant. BY MARY NOLAN

[CHICAGO] A physician and his colleagues at Hinsdale Hematology/Oncology Associates and Hinsdale Hospital have volunteered to perform an autologous bone marrow transplantation free if necessary for a patient whose insurer refused to pay for the procedure, according to the physician, Donald Sweet, MD. "I don't take my marching orders from insurance companies. Lawyers may, but I

don't," he said.

The patient, Donna Santucci, has chronic myelogenous leukemia, and the transplant was recommended by her original treating physician, Ann Traynor, MD, a hematologist and oncologist at Northwestern Memorial Hospital, according to a brief filed by Santucci's attorney, Phillip Taxman.

Santucci, a Chicago resident, filed a lawsuit in late May in

U.S. District Court to force her longtime employer, Hyatt Hotels Corporation, and its health care provider, Prudential Insurance Company of America, to perform an autologous bone marrow transplantation. The court issued a preliminary ruling in late July refusing to order her employer to pay for the procedure.

After her leukemia was diag- (Continued on page 18)

INSIDE

State sets deadline for proof of immunization

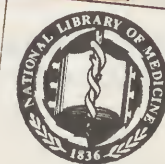
PAGE 3



DEPARTMENTS

News Briefs2
 Commentary4
 ISMIE Update7
 Classifieds14

 NATION
 TS-INT
 8600
 BETHESDA



PROPERTY OF THE
 NATIONAL
 LIBRARY OF
 MEDICINE

Illinois legislators receive national tort reform awards

[SAN DIEGO] Illinois House Speaker Lee Daniels (R-Addison) and state Sen. Kirk Dillard (R-Downers Grove) were named Legislative Members of the Year for Civil Justice by the American Legislative Exchange Council during the group's annual meeting in San Diego in August. The two legislators were honored for their efforts in passing Illinois' comprehensive tort reform legislation this year.

"Their commitment to halt runaway and abusive lawsuits needs to be commended," said Samuel Brunelli, executive director of the council.

Although Daniels did not attend the meeting, Dillard gave two presentations on this year's legislative success. "I was very proud because so much hard work

went into enacting our tort reform law, and I was just a mere sponsor of the bill. The real hard work was done by the [Illinois State] Medical Society."

"We wanted to recognize Illinois because the lawmakers there really took charge," noted Jean Hudson, the council's task force director for civil justice. "They set the pace for tort reform this year." Although other states enacted similar legislation in 1995, most of those bills were weaker than the one enacted in Illinois, Hudson noted.

"While states have made progress in tort reform, Illinois took the lead in this trend," Brunelli said. "Because it contains a long list of across-the-board changes, it is the most comprehensive tort reform package passed by any state to date." ■

Northwestern researchers develop new immunity test

[CHICAGO] Researchers at Northwestern University Medical School have developed a new test that measures the immune function of HIV-infected patients, according to Bruce Patterson, MD, a Northwestern professor of Ob/Gyn and medicine who directed the study. An outgrowth of a 1993 test to determine the level of HIV in specific patients, the new technique may offer a better way for AIDS researchers to follow the disease's progression and its response to drug treatment, he said.

"Before, we were never able to detect

HIV sensitively enough," Dr. Patterson said. "This test in its original [1993] version could detect and sort cells so we could further characterize them. Along the way, we saw changes that altered their function so they couldn't participate in the immune system. We wanted to be able to measure immune function at any particular time to see if infected cells are able to function in the immune system. This test gives us more information."

The new test shows that some CD4 T-cells, which appear normal according to methods currently used to measure HIV

infection, have surface alterations that may make them dysfunctional and signal disease progression, a Northwestern news release said.

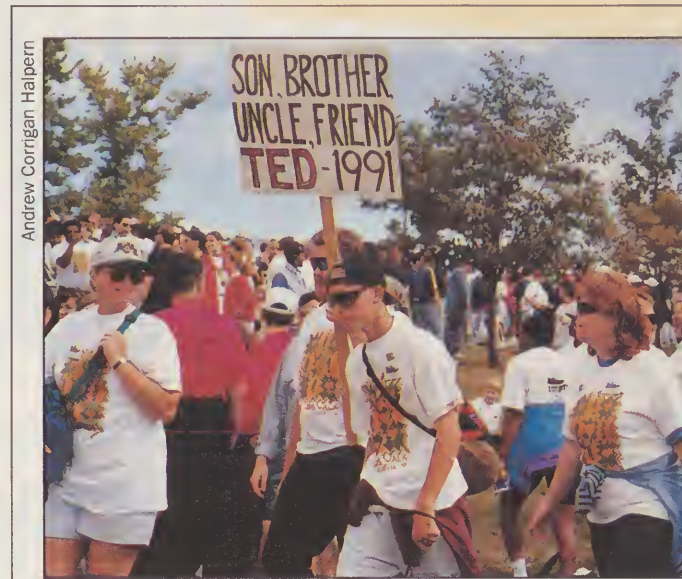
Although previous research established that HIV destroys CD4 T-Cells, the Northwestern researchers discovered another population of these cells is present but dysfunctional in HIV-infected patients. The virus may wait in the nucleus of infected T-cells, integrate into the host cells' DNA, but still not produce more viral particles, Dr. Patterson said.

CD4 counts have long been used to assess HIV infection and disease progression, but they do not always correlate

with patients' health. The new findings suggest that this may be because CD4 counts cannot assess the actual level of the virus, the Northwestern news release said.

The new test is fairly sophisticated, but "is not outside the realm of what's being performed in clinical laboratories," Dr. Patterson said.

Based on their recent findings, the Northwestern researchers are concentrating on ways to restore the immune function in HIV-infected patients instead of eliminating HIV in the cells, Dr. Patterson said. ■



Andrew Corrigan Halpern

CARRYING A sign commemorating a loved one, participants walk along Chicago's lakefront during the Sept. 17 sixth annual AIDS Pledge Walk, which raised more than \$1 million for AIDS services and research.

The Verdict Could Wipe You Out!

Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly **one-half (47%)** were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (**APT**) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an **APT** and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

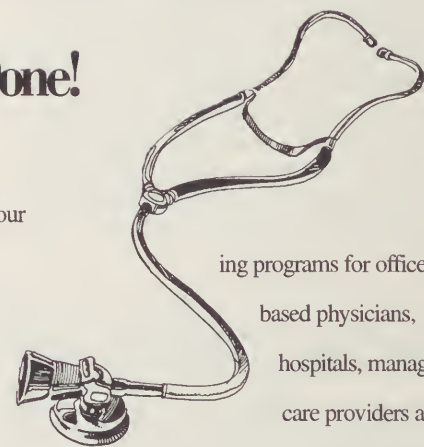
(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Want to Increase Your Patient Base?

We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-



ing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708-747-7701

Specialists in Health Care Marketing

State sets deadline for proof of immunization

MANDATE: School districts must show at least a 90-percent compliance rate. BY KATHLEEN FURORE

[SPRINGFIELD] Illinois school districts must show that at least 90 percent of their students comply with state-mandated immunization requirements by Oct. 15, according to a reminder issued by the Illinois Department of Public Health. Those that fail to do so face a 10-percent loss of state aid, IDPH said.

"Physicians play a key role in ensuring that children are properly immunized against preventable childhood disease," said IDPH Director John Lumpkin, MD. "They should work closely with parents and guardians so there are no missed opportunities for the needed vaccines when their children make an office visit. Our challenge is to reach the national goal of properly immunizing 90 percent of the children 2 years of age and younger by the year 2000."

Children entering Illinois elementary and secondary public and private schools for the first time must have been vaccinated against measles, polio, diphtheria, tetanus, pertussis, mumps and rubella. Noncompliant students may not be allowed to attend school until immunization requirements are met, according to IDPH. Children whose parents have filed religious or medical exemptions with the school district are the only exceptions, said an IDPH news release.

Parents of children who are between 6 months and 6 years of age and entering preschool or kindergarten are also required by law to provide proof that the children have been screened for lead poisoning. However, children who have failed to undergo lead testing will not be excluded from school, IDPH said.

Underscoring the importance of an up-to-date vaccination record, Barrington pediatrician Mark Rosenberg, MD, said "missed opportunities" contributed to a measles epidemic five or six years ago in Chicago. "About 60 percent of the kids who had not been immunized had been to a [health care] provider within 60 days before [the outbreak], so there had been an opportunity. Physicians have to be aware of their patients' immunization status and the circumstances under which they should and should not be immunized."

Students born after 1956 who are entering any public or private 4-year college or university in Illinois also must prove they have been vaccinated for measles, tetanus-diphtheria, mumps and rubella, according to IDPH. Illinois is one of 22 states that ask for proof of a second dose of the measles vaccine for college students.

In August, the Centers for Disease

Control and Prevention started urging college-age students who had never received the measles booster do so as soon as possible. The CDC estimates that some 3 million Americans between ages 20 and 37 are at risk for measles, because the second dose was not recommended until 1989. Measles is more dangerous for adults than for children, the CDC said.

According to Dr. Rosenberg, most

college-age students today received a second dose of the measles vaccine in high school. But he stressed that adolescents' immunization records should be reviewed. Dr. Rosenberg also recommended that teens and young adults receive hepatitis, meningococcal and varicella vaccines. The latter is especially important for those who have never had chicken pox, Dr. Rosenberg said. ■

Student immunization* (1994-95 school year)	
Disease	Compliance
Polio	98.25%
DPT or TB	97.75%
Measles	98.05%
Rubella.....	98.95%
Mumps.....	98.95%
*Public and private schools	
Source: IDPH, October 1995	



BlueCross BlueShield
of Illinois

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ILLINOIS MEDICARE PART B

MEDICARE COVERAGE OF PSYCHIATRIC PARTIAL HOSPITALIZATION

Psychiatric partial hospitalization programs, also called day hospital, day treatment, aftercare, partial hospital, day care/night care programs, etc., are a benefit covered by Medicare Part A. These programs serve a variety of patients with differing psychiatric services and goals. The Social Security Act specifies that only hospital outpatient settings and Community Mental Health Centers (CMHCs) may provide psychiatric partial hospitalization services to Medicare beneficiaries. Hospital outpatient partial hospitalization programs and CMHCs should bill their intermediary for their services.

It has come to this carrier's attention that some freestanding psychiatric partial hospitalization programs are incorrectly billing Medicare Part B for their therapeutic services. Section 3651(B) of the Medicare Intermediary Manual states that "Community Mental Health Centers (CMHCs) that provide partial hospitalization services must meet the requirements under section 1916(c)(4) of the Public Health Service Act and applicable state licensing or certification requirements for CMHCs in the state in which they are located" in order to bill Medicare for their services. A CMHC must meet State and local licensing or certification requirements and provide the following services:

- ▶ Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's service area who have been discharged from inpatient treatment at a mental health facility;
- ▶ 24 hour a day emergency care services;
- ▶ Day treatment, other partial hospitalization services, or psychosocial rehabilitation services;
- ▶ Consultation and education services.

Note: Although CMHCs are required to provide all these services, the Medicare program covers only partial hospitalization services provided by CMHCs.

While claims for the services of physicians or allied health professionals (e.g. clinical psychologists or clinical social workers) furnished in CMHCs must be submitted to the carrier for Medicare Part B, the charges for all other program services must be submitted to the intermediary for Medicare Part A. Other psychiatric partial hospitalization programs, day programs, or aftercare programs of any sort rendered by any other type of provider are not a service covered by Medicare.

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 20, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois Medicine

VOLUME 7, NUMBER 20

OCTOBER 6, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	William E. Kobler, MD
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Dealing with depression

References and jokes about the antidepressant drug Prozac abound, but depression itself is a serious problem that doesn't get enough attention. Each year, 17 million Americans suffer from the illness, and less than half seek treatment, even though treatment could help about 80 percent, according to the National Institute of Mental Health. That's one reason Good Samaritan Hospital in Downers Grove, Highland Park Hospital and many other Illinois hospitals and clinics are observing National Depression Screening Day on Oct. 5. And that's why during Mental Illness Awareness Week, Oct. 1-7, the Illinois Psychiatric Society will focus on the impact of depression in the workplace.

Beyond the problem of individual suffering, depression has far-reaching clinical and economic consequences. Depression among people over 65 nearly triples the risk of stroke, maintained a study reported in the New York Times. Physicians interviewed for the story offered two possible explanations. First, people who are depressed are less motivated to eat properly and comply with treatment for diseases like hypertension. And second, prolonged depression interferes with the functioning of the immune system. A physician at NIMH said that of the 32 million Americans 65 and older, about 6 million suffer from some level of clinical depression, and the depression of at least 75 percent of those individuals goes undiagnosed and untreated.

Johns Hopkins Medical Institutions

reported that depression increases the risk of cardiovascular disease by about 59 percent, even after adjustment for other related risk factors.

Studies of elderly people who committed suicide as a result of depression found that three-quarters had seen a physician within a week of their deaths. However, the doctor recognized symptoms of depression in only one-fourth of the cases, according to the New York Times. A psychiatrist theorized that older people don't reveal symptoms unless they're probed because they attach a stigma to psychiatric problems.

At any time, one in 20 employees is experiencing depression, according to IPS. U.S. business pays a high price for those depressive disorders – almost \$43.7 billion per year, said IPS Report newsletter. And depression is one of the most common short-term disability claims and a secondary disability in many long-term cases. To help combat the problem, IPS has developed a brochure to enable supervisors to identify the warning signs of depression.

Although physicians know the symptoms of depression, patients don't always experience or exhibit every symptom, and the severity varies. In addition, some patients mask their symptoms, believing the illness is a character flaw. That's why physicians may need to do some digging to reveal depression and make the appropriate referrals. The time and effort will be well-spent, however, if we can help patients get the help they need. ■

PRESIDENT'S LETTER

Snake oil or a search for the truth?

Raymond E. Hoffmann, MD



*Sure, high tech
has saved
countless lives.
But we also
need to practice
'high touch.'*

Are you tired all the time? Try ginseng root extract! "Do you want to feel better? Try garlic!" "Does your sex life suffer? Try..." Where are these cures coming from? Why the resurgence of interest in homeopathic medicine? What is homeopathy anyway?

Homeopathy is an old theory based on similar actions: If a substance causes certain symptoms, prescribing the same substance in very diluted doses will alleviate those symptoms caused by disease in an otherwise healthy person. This theory is not well-accepted by most of us practicing medicine today. It does, however, point out the therapeutic value of placebos and the healing power of nature.

Why are we hearing more advertisements for these treatments? I know of no controlled studies on them. Are they like Laetrile, the much-touted cancer cure of 20 years ago? Laetrile proved ineffective under the scrutiny of careful study. Are we as a society willing to spend the large amounts of time and money that would be needed to study garlic, ginseng and rhino horn?

Perhaps we should look at this new interest differently. Americans are more interested in health care now than ever before. No meeting seems complete without a side conversation about someone's health, hospital or doctor. The news media spend a great deal of time on medical stories, such as new treatments, Medicare and people who are ill. Topics like hospital closings, employers who are changing health plans and doctors who are moving or retiring are constantly being discussed.

I think Americans are afraid of the future of health care in America. They are struggling to take control of their own health care. There are more weight-loss clinics, smoking-cessation plans and wellness programs all the time. People are reading and wanting more information. There is a new diet book every month, it seems. A great number of sports machines are being sold, all with the implied goal

of health, good looks and long life.

Cynically, one can make the observation that every garage sale has a sports machine that has obviously failed to capture the continued interest of the owner. Another observation is that few of the diet books seem to be the ultimate answer for weight control, as Americans are heavier now and more out of shape. People continue to smoke, eat incorrectly and engage in high-risk behaviors related to sex, driving and the use of weapons.

Where does that leave us? If Americans want more health information, physicians should be the ones to offer it. We have the knowledge and the resources. Patients come to us with symptoms the homeopathic remedies are designed to treat. It has been pointed out that homeopathic practitioners take a great deal of time to interview and work with their patients. Perhaps that is the answer.

Maybe the reason that garlic, ginseng and other such treatments seem to work sometimes is the placebo effect. Someone has taken the time to talk with the patient and work with his or her symptoms. We physicians need to take that time. We are all accursed with having our patients spend more time in the waiting room than in the consultation room. We need to reverse that trend. Sure, high tech has saved countless lives. But we also need to practice "high touch." People are lonely in our busy world and want their physician to be involved with their diseases and treatments just as doctors were 100 years ago, before the modern cures came along.

If Americans are interested in homeopathy because they are searching for the truth in medicine, we should not only applaud them but help them by spending the time they need with us. The danger is that they may ignore legitimate, proven treatments and cures for their diseases. Physicians not only need to treat their patients but need to be involved with them in the process of diagnosis and care of their disease. ■

ISMS and MBGH to sponsor employer-provider symposium

ISMS and the Midwest Business Group on Health will sponsor the second employer-provider partnership symposium to be held Thursday, Nov. 30, at the Westin Hotel in Chicago. "Health Reform at the Community Level" will present effective strategies employers and providers can use to improve the health care delivery system in medium and small communities.

The daylong program will cover



such topics as identifying who is contracting with whom, influencing the demand side of health care services, helping physician groups contract with managed care organizations and determining the impact of employer coalitions on hospital mergers. Cost for the seminar is \$125.

For more information or to register for the symposium, contact ISMS at (800) 782-ISMS or (312) 782-1654. ■

LETTERS

Too much theology and turf protection?

Our local medical society recently sent out a questionnaire to its members, seeking opinions regarding the significant ongoing decline in society membership and marked disinterest in organized medicine by a majority of the physicians in the area.

I don't know the results of the survey, but answers, as they apply to ISMS, are certainly readily apparent throughout the June 9 special legislative edition of Illinois Medicine. Along with much ado about tort reform, the paper is rife with news of attempts to protect turf and discuss problems of theology.

At 45 years out of medical school and as a member of this Society since 1951, my familiarity with the Society and its activities is not of recent onset. For many years ISMS has seemed to lag behind society, but lately it seems to be almost out of touch with society as a whole and with the views of patients, while it has become more involved in philosophical and theological areas — flavored by extremely conservative and moralistic views.

I think it is time for the Society to wake up, stop moralizing and get back to espousing what is best for the patient and the people of the state, not what is good economically for certain physicians, presented as what is best for patients.

The recent final straw was the effort to prevent passage of the law allowing optometrists to treat medical diseases of the eye. If the same approach had been enforced in the past, dentists would not have been allowed to treat medical diseases of the mouth.

The optometry debate reminds me of the local objection of the orthopedists to giving podiatrists hospital privileges — an obvious ploy to prevent competition and totally unrelated to competence or availability of patient care.

Two points in the article were par-

ticularly intriguing. The first was the statement that one ophthalmology resident saw more eye patients in two weeks than an optometry resident

saw in four years. I would appreciate an explanation of the logistics. Second, if 45 of 50 states have this law already on the books, it would seem that most of the country has found that your caveats are mere smokescreens. Could it be that Illinois was remiss in failing to pass the law earlier and that the ill-conceived efforts of ISMS have erroneously prevented it?

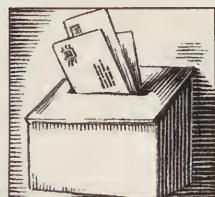
More important, however, I feel, is the need for the Society to get out of the theological and philosophical debates that have nothing to do with the adequacy or availability of good patient care. Abortion is a surgical procedure. The Society's only concern should be that it is performed by competent individuals in adequate facilities, nothing more. Whether it should be done or allowed should be the debate of a theological journal.

Please stop living in the past and using the Society as a pulpit for private moralistic stances and turf preservation. Otherwise, I think you may soon find yourself, like the local society, without a following.

— James Paul Johnston, MD
Rock Island

ISMS' priorities and missions, as well as Illinois Medicine coverage, stem from policy developed by the Society's House of Delegates. Delegates and county medical societies submit resolutions at the ISMS Annual Meeting, which are debated in reference committee and on the floor of the house. Those resolutions that are approved by the house become policy, and that policy directs the activities of the Society. To work toward changing a policy or instituting a new one, members should talk to ISMS delegates or their county medical society about submitting a resolution before the next Annual Meeting.

Illinois Medicine reserves the right to edit all letters.



"Being a vampire isn't what it used to be. It's tough getting people to agree to a blood test before you bite them."

Illinois State Medical Society

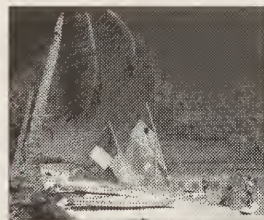
Presents Exciting Trips From Chicago



mv ZENITH - CARIBBEAN CRUISE February 3-10, 1996

From \$899.00 per person, double occupancy

This exciting seven day cruise itinerary is planned to present the brightest jewels of the Caribbean and all that each island has to offer aboard the deluxe Zenith. Ports of call: San Juan, St. Thomas, Guadeloupe, Grenada, La Guaira, Aruba, at Sea.



PUNTA CANA - DOMINICAN REPUBLIC January 19-26, 1996

From \$959 Air & Hotel

From \$999 All Inclusive per person, double occupancy

Discover why Punta Cana is known as "the place where the sun is born." Sun-drenched white sand beaches make it one of the most beautiful corners on earth.



CHINA - YANGTZE RIVER CRUISE - HONG KONG

March 20-April 4, 1996 (16 days) \$2,999.00

March 14-26, 1996 (12 days) \$2,559.00

per person, double occupancy

A wonderful introduction to the Orient! From the rich history of the People's Republic of China, to the dynamic British Crown Colony of Hong Kong.



BEST OF THE ORIENT

March 17-27, 1996 (11 days) \$2,349.00

per person, double occupancy

From resplendent Bangkok to the glistening cities of Singapore and Hong Kong.

mv HORIZON - ALASKAN CRUISE Summer 1996. Details available in October.

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

For additional information and a color brochure contact:

GLOBAL HOLIDAYS

9725 Garfield Avenue South, Minneapolis, MN 55420-4240
(612) 948-8322 Toll Free: 1-800-842-9023

IDPR DISCIPLINES

March 1995

Veljko Corak, Northfield – physician and surgeon license indefinitely suspended after submitting claims for medical services provided to numerous patients while license to practice medicine was in a nonrenewed status.

Ian Andrew Kling, Kirksville, Mo. – physician and surgeon license reprimanded after being disciplined in the state of Missouri.

Ricardo Lopez, Metairie, La. – physician and surgeon license indefinitely suspended after being disciplined in the state of Louisiana.

Wes McRae, Chicago – physician and surgeon license reprimanded after being disciplined in the state of Michigan.

Thomas E. Porter, Goreville – physician and surgeon license placed on probation for two years and controlled substance license suspended for one year followed

by two-year probation after allegedly nontherapeutically prescribing controlled substances and being terminated from the Public Aid Vendor program.

Subarna P. Pradhan, Franklin Park – physician and surgeon license reprimanded and fined \$1,400 after practicing on a nonrenewed license.

William Roggenkamp, Lemont – physician and surgeon license reprimanded and fined \$2,600 after practicing on a nonrenewed license.

James A. Runke, Barrington – physician and surgeon license reprimanded and fined \$2,300 after practicing on a nonrenewed license.

Richard Y. Saffir, New Orleans – physician and surgeon license placed on probation for five years after allegedly being disciplined in the state of Louisiana.

Prithviraj S. Thakur, East St. Louis – physician and surgeon license reprimanded and fined \$2,000 after practicing on a nonrenewed license.

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - *Nation's Business*

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - *Linda Picazio, Florida*

"New source for best buys in insurance. One way to get to know the market..." - *Kiplinger's Personal Finance*

"Quotesmith keeps a database of about 350 insurance companies." - *Good Housekeeping*

"Quotesmith offers particularly thorough searches" - *Los Angeles Times*

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - *Forbes*

"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - *SmartMoney*

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - *Money Magazine*

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - all sorted by lowest cost. Call 24 hrs. per day.

Quotesmith
Insurance price comparison service
1-800-431-1147

Ad Code: IM 10/95

April 1995

James H. Desnick, Highland Park – physician and surgeon license placed on probation for five years and, as a condition of probation, will not practice medicine in Illinois for two years and fined \$100,000 after allegedly violating provisions of the Illinois Medical Practice Act.

Joseph Delucia, West Plains, Mo. – physician and surgeon license and controlled substance license placed on probation until July 15, 2001, after being disciplined in the state of Missouri.

Michael Elliott, Robinson – physician and surgeon license reprimanded after allowing a nurse, under his supervision, to sign his name and the nurse's name to prescriptions for controlled substances prior to becoming aware that the Controlled Substances Act and Rules required he personally sign said prescriptions.

Wilbur Johnson, Hanover – physician and surgeon license placed on indefinite probation due to alleged chronic and acute ethanol alcoholism.

Stephen P. Kikel, Glenview – physician and surgeon license renewed and placed on probation for one year after being disciplined in the state of Ohio.

David L. Samuel, Springfield – physician and surgeon license suspended for 90 days, followed by indefinite probation after being disciplined in the state of Wisconsin.

May 1995

Charles Bell, Chicago – physician and surgeon license reprimanded and fined \$1,400 after practicing on a nonrenewed license.

Franklin C. Miller, Chicago – physician and surgeon license reprimanded and fined \$1,000 after practicing on a nonrenewed license.

June 1995

Joseph J. Cichon, Streator – physician and surgeon license and controlled substance license indefinitely revoked after allegedly videotaping himself rubbing a liquid on the buttocks and vagina of a nude female patient, under the age of 13, and inserting his fingers in her anus and vagina; and fondling and videotaping other nude minor female patients.

This information is reprinted from the Illinois Department of Professional Regulation's monthly disciplinary report. IDPR is solely responsible for its content.

Edgar signs civil liability protection bill

PAGE 8

ISMIE Update

Watch for coverage
of HIV misdiagnosis
cases in your
next issue

Managing risk in outpatient care

Physicians should instruct patients about possible complications and side effects. BY JANICE ROSENBERG

Drive-through deliveries have received a lot of press lately, but new mothers aren't the only patients experiencing shorter hospital stays. Patients who are basically healthy and undergo routine surgeries are often treated as outpatients because of improved surgical techniques and pressure from managed care organizations.

"Probably 70 percent of the procedures I do today are outpatient, compared with 25 years ago when the number was just 5 percent," said plastic surgeon Richard Sperling, MD, a member of the ISMIE Risk Management Committee. "Insurance companies in general have encouraged the increase, and surgeons have found that the procedures can be done safely."

That doesn't mean outpatient procedures carry no liability, however. In fact, they are no less risky than inpatient procedures. "Physicians are expected to possess and apply the same level of knowledge and use the same care as they would if the surgery was being done in the hospital and the patient was staying overnight," said E. Michael Kelly, a partner at the law firm Hinshaw & Culbertson in Chicago.

Physicians who perform outpatient procedures can take steps to reduce their risk. First, they should evaluate the appropriateness of the procedure for each patient. Sicker patients are now undergoing complicated invasive procedures like angiograms and percutaneous biopsies on an outpatient basis, which causes concern, said radiologist Leonard Berlin, MD.

"When that happens, you talk to the referring physician and try to reach a mutual agreement that the patient is ill and the risk of complication is so high that everyone would be best served by hospitalizing the patient for the night," Dr. Berlin said. "You have to balance the medical risks with the managed care [plan's] desire that patients be kept out of the hospital as

much as possible." Although physicians increasingly face this challenge, they should always do what the standard of care dictates, according to risk management specialists.

Once patients are selected for outpatient procedures, physicians can reduce risk by establishing good lines of communication. Prior to surgery, general surgeon Edward Fesco, MD, sits down with patients to discuss side effects, risks, alternative treatments and possible outcomes.

"Patients assume everything will be hunky-dory, but I have to tell them what kinds of things could happen, even if they don't ask," said Dr. Fesco, a member of the Risk Management Committee. "Those risks have to be known in order for them to make informed decisions."

Nurses at the outpatient clinic or hospital typically instruct patients about such issues as eating and taking medication before the procedure, said anesthesiologist Henri Havdala, MD, also a member of the Risk Management Committee. The more precisely the patient is prepared, the less the anesthetic risk, he said.

After surgery, physicians should assess their patients' conditions carefully before discharging them. Some patients may need to stay for 23-hour observation. Others may need to be admitted overnight. "All close calls have to be resolved in favor of keeping the patient at least a little longer," Kelly said.

Discharged patients should not be allowed to leave on their own. Most physicians advise patients to bring a friend or family member along on the day of surgery. Dr. Fesco insists that someone accompany his patients home and help them into a bed or chair.

It's also key that patients know what to do after leaving the hospital. Those who leave a few hours after surgery are to a large extent responsible for their own care. They should be told

*Physicians are
expected to apply
the same level of
knowledge as they
would if the
patient was
staying overnight.*

about possible complications, side effects and the importance of following their physicians' orders, said oncologic gynecologist John Knaus, DO.

"Patients themselves have to do what is normally done for them in the hospital," Dr. Knaus explained. "They have to know how to apply ice packs, check their incisions and look for bleeding."

Short hospital stays increase the risk that complications may occur and not be detected, Dr. Fesco said. After surgery, he talks to his patients and their family members about what to look for at home, and he docu-

ments those conversations. He writes notes for patients about how to take their medications and makes sure they have handouts from the hospital that contain similar information. Physicians should insist on being called at the first sign of a problem, he said. "There can't be any of this, 'I didn't want to bother you' business. If a patient feels that way, it's not a good care situation in the first place."

Physicians or nurses should call patients the day after surgery to check on their conditions. "The last thing you want is a patient of yours beginning a complication and not communicating it to you," Kelly said.

Communication with the patient's primary care physician can also help reduce risk. Surgeons must know the results of preoperative lab work and such basic conditions as clotting problems and high blood pressure.

In some managed care systems, the surgeon's role in the patient's overall care may be restricted, Dr. Knaus said. The managed care plan may require the primary care doctor to do some of the preliminary paperwork, which in the past was done by the surgeon.

After surgery, some managed care plans encourage patients to return to their primary care doctors for all follow-up, which may restrict the surgeon's ability to determine appropriate follow-up. Dr. Knaus said that as a surgeon, he feels uncomfortable if he doesn't see patients, so he doesn't charge for follow-up visits.

For their part, most patients are happy to be sent home after surgical procedures, Dr. Sperling said. "At home they feel safe and secure. There's also less chance of their picking up an infection than there is in the hospital."

Dr. Havdala, who practices at Mount Sinai Hospital Medical Center in Chicago, agrees. In 1981, when the Illinois Department of Public Aid listed 163 procedures that were to be done on an outpatient basis, he was concerned about the results. Today the list of procedures numbers more than 500.

"At the start we said our patients [were] not in good health. They [would] collapse at the bus stop," Dr. Havdala said. "But now I think patients are happier to go home, where they can get one-on-one care from a family member." ■

MALPRACTICE ROUNDUP

Court rules HMOs may be liable for the way they manage care

The New Jersey Supreme Court unanimously ruled in April that health maintenance organizations can be sued under some circumstances for the way they manage care, according to a story in the May 8 issue of the National Law Journal.

In a malpractice trial, the court found the physician in *Marmar vs. Health Care Plan of New Jersey* 90 percent to blame for a patient's death from undiagnosed testicular cancer, and the patient's family was awarded \$2.9 million. After the ruling, the physician sued the HMO, contending that it should accept part of the

blame based on its "independent breach of contractual duty to a patient-subscriber."

Although the court ruled the claim was "procedurally barred in the circumstances of this case" because the physician and his attorneys had waited too long to assert the claim, it said "such a claim may be asserted." The ruling opens the door to future claims.

The health plan's spokesperson said the ruling "doesn't appear to be inconsistent with recent lower court decisions." But the decision diverged from the traditionally accepted view that HMOs are immune from malpractice litigation, according to the story. An attorney who represents East Coast physicians and hospitals said the ruling appears to "give the green light for patients to hold HMOs accountable." ■

Edgar acts on health care bills

ROUNDUP: New legislation addresses free clinics, public health, violence, credentialing and organ donation. BY MARY NOLAN

[SPRINGFIELD] Gov. Jim Edgar acted on several bills in August, targeting free medical clinics, public health, confidentiality, unredeemed Guaranty Fund Certificates, violence and other issues of interest to physicians.

Credentialing, organ donation, confidentiality

On Aug. 20, Edgar signed H.B. 1322, sponsored by Rep. Tom Ryder (R-Jerseyville) and Sen. Kirk Dillard (R-Downers Grove). The legislation expands legal protections for medical organizations that perform credentialing activities. Those protections now extend to recommendations, letters of reference, third-party confidential assessments of a health care practitioner's professional conduct, as well as records of medical organizations that contract with health maintenance organizations. "These amendments would recognize the important role played by entities that perform credentialing activities as well as the increasing importance of health care delivery entities, ambulatory surgical treatment centers and postsurgical recovery centers," said Chairman of ISMS' Board of Trustees Ronald G. Welch, MD, in a letter urging the governor to sign the bill.

In addition, the legislation expands the Medical Studies Act to cover agreements for medical services except those services offered by HMOs and ambulatory surgical treatment centers. The measure also reverses the Illinois Supreme Court decision in *Roach vs. Springfield Clinic*, which found that the chairman of a hospital committee could not conduct an independent investigation and have that information be protected.

Other portions of H.B. 1322 amend the Hospital Licensing Act and enable the state to boost its organ donations. These amendments require hospitals to notify their federally designated organ procurement organization and tissue banks when potential organ donors become available and provide access to the medical records of deceased patients. Hospitals must refer medically suitable potential donors to their federally designated OPO or tissue bank. Beginning Jan. 1, 1996, hospitals that apply for a waiver can work with OPOs outside their federally designated area.

Public health

H.B. 2330 was also signed by Edgar on Aug. 20. Parts of the bill were prompted by ISMS to address public health issues, such as tuberculosis patients' compliance with treatment, prevention of lead poisoning in children and restricted confidentiality.

"This will enable IDPH to ensure that patients receive complete tuberculosis care so there is less occurrence of new virulent strains of multiple drug-resistant organisms," said Dr. Welch in a letter to Edgar urging him to sign the bill.

Under the Public Health Reporting Act, IDPH can quarantine or isolate TB patients with or without a consent order. The act also amends the state's lead poisoning prevention law to define a high-risk area as any section of the state deter-

mined by IDPH to be dangerous for lead exposure to children through 6 years of age. Physicians and other health care providers will use an IDPH questionnaire to identify risk factors for children who are between the ages of 6 months and 6 years and who reside in areas determined by IDPH to be low risk.

Physicians must screen those children, and clinical laboratory directors must report to IDPH the results of all blood lead analyses performed in their facilities within 48 hours of receiving verification.

ISMS called for a provision that prohibits the public disclosure of the identity of a medical practitioner or other indi-

vidual who reports cases of medical condition, injury or procedure, or sexually transmitted, communicable or venereal diseases. Confidentiality protection also extends to individuals named in the report. "These confidentiality protections are imperative to protect the discovery and viability of IDPH medical data, especially sexually transmittable disease data," Dr. Welch wrote.

Free medical clinics

On Aug. 13, Edgar signed H.B. 355, which expands the Medical Practice Act to provide civil liability protection to physicians, hospitals and other health



- First-line monotherapy in children 6 years of age or older and adults
- Controls partial seizures^{1,2}; partial seizures, secondarily generalized^{1,2}; and generalized tonic-clonic seizures³
- Low risk of cognitive impairment⁴⁻⁶ and cosmetic side effects^{1,2,6}

Tegretol is indicated as first-line monotherapy for the treatment of partial, secondarily generalized, and generalized tonic-clonic seizures in children 6 years of age or older and adults. The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. Although reports of transient or persistent decreased platelet or white blood cell counts are not uncommon in association

care providers. The bill, sponsored by Rep. David Leitch (R-Peoria) and Sen. Carl Hawkinson (R-Galesburg), provides immunity from civil damages to health care providers who treat, diagnose or advise patients after referral from a free clinic if that care is provided without fee or compensation. "This is a needed extension of immunity from civil damages for providing [such] care," said Dr. Welch in a letter to Edgar. Previously, the law, as stated in Section 31 of the state's Medical Practice Act, protected treating physicians but not other providers who received referrals. The new law will go into effect Jan. 1, 1996.

Unredeemed Guaranty Fund Certificates

Edgar vetoed H.B. 1876 on Aug. 11. The measure would have allowed funds from unredeemed ISMIE Guaranty Fund Certificates to be donated to free medical clinics under a redemption program approved by the director of the Illinois Department of Insurance. If unredeemed by Oct. 20, funding from more than 200 certificates will go to the state's pension fund. (See the insert between pages 6 and 7 in this issue for a list of holders of unredeemed certificates.) "If this bill were to be signed, it would diminish the state's efforts to continue to build the

[pension] fund. Furthermore, this legislation has the power to set a dangerous precedent for other organizations which may want to donate unclaimed property to another entity," Edgar wrote in a letter explaining his decision.

Violent injury reporting

Legislation that requires hospitals and other facilities to report to IDPH any injury allegedly caused by a violent act was signed on Aug. 11. H.B. 1977 was supported by ISMS and sponsored by Rep. Carolyn Krause (R-Mt. Prospect) and Sen. Robert Raica (R-LaGrange). All data collected will remain confidential.

Another measure, creating the Illinois Violence Prevention Act of 1995, was signed on Aug. 20. ISMS President-elect Sandra Olson, MD, attended the bill-signing ceremony. The measure, H.B. 1967, requires the state's Violence Prevention Authority to develop a statewide plan that incorporates public health and safety approaches to violence prevention. It also allows the authority to seek and receive funds, distribute grants and provide technical help and training to make communities safer. H.B. 1967 was sponsored by Ryder and Sen. John Maitland Jr. (R-Bloomington). ■

THEIR SECURITY BLANKET...

 **Tegretol**[®]
200-mg scored tablets
100-mg chewable tablets
Suspension, 100 mg/5 ml
carbamazepine USP

Tried...True...Trusted for more than 25 years

CibaGeneva
PHARMACEUTICALS

with the use of Tegretol, the vast majority of cases of leukopenia have not progressed to the more serious conditions of aplastic anemia or agranulocytosis. When initiating therapy with Tegretol, obtain complete pretreatment hematologic testing as a baseline. Please consult brief summary of Prescribing Information and references on next page.

©1995, Ciba-Geigy Corporation. 318-58053-B

Tegretol®
carbamazepine USP

Chewable Tablets of 100 mg - red-speckled, pink
Tablets of 200 mg - pink
Suspension of 100 mg/5 ml

BRIEF SUMMARY (FOR COMPLETE PRESCRIBING INFORMATION SEE PACKAGE INSERT)

WARNING
APLASTIC ANEMIA AND AGRANULOCYTOSIS HAVE BEEN REPORTED IN ASSOCIATION WITH THE USE OF TEGRETOL. DATA FROM A POPULATION-BASED CASE CONTROL STUDY DEMONSTRATE THAT THE RISK OF DEVELOPING THESE REACTIONS IS 5-8 TIMES GREATER THAN IN THE GENERAL POPULATION. HOWEVER, THE OVERALL RISK OF THESE REACTIONS IN THE UNTREATED GENERAL POPULATION IS LOW. APPROXIMATELY SIX PATIENTS PER ONE MILLION POPULATION PER YEAR FOR AGRANULOCYTOSIS AND TWO PATIENTS PER ONE MILLION POPULATION PER YEAR FOR APLASTIC ANEMIA.
ALTHOUGH REPORTS OF TRANSIENT OR PERSISTENT DECREASED PLATELET OR WHITE BLOOD CELL COUNTS ARE NOT UNCOMMON IN ASSOCIATION WITH THE USE OF TEGRETOL, DATA ARE NOT AVAILABLE TO ESTIMATE ACCURATELY THEIR INCIDENCE OR OUTCOME. HOWEVER, THE VAST MAJORITY OF THE CASES OF LEUKOPENIA HAVE NOT PROGRESSED TO THE MORE SERIOUS CONDICTIONS OF APLASTIC ANEMIA OR AGRANULOCYTOSIS.
BECAUSE OF THE VERY LOW INCIDENCE OF AGRANULOCYTOSIS AND APLASTIC ANEMIA, THE VAST MAJORITY OF MINOR HEMATOLOGIC CHANGES OBSERVED IN MONITORING OF PATIENTS ON TEGRETOL ARE UNLIKELY TO SIGNAL THE OCCURRENCE OF EITHER ABNORMALITY. NONETHELESS, COMPLETE PRETREATMENT HEMATOLOGICAL TESTING SHOULD BE OBTAINED AS A BASELINE. IF A PATIENT IN THE COURSE OF TREATMENT EXHIBITS LOW OR DECREASED WHITE BLOOD CELL OR PLATELET COUNTS, THE PATIENT SHOULD BE MONITORED CLOSELY. DISCONTINUATION OF THE DRUG SHOULD BE CONSIDERED IF ANY EVIDENCE OF SIGNIFICANT BONE MARROW DEPRESSION DEVELOPS.

Before prescribing Tegretol, the physician should be thoroughly familiar with the details of this prescribing information, particularly regarding use with other drugs, especially those which accentuate toxicity potential.

INDICATIONS AND USAGE
Epilepsy: Tegretol is indicated for use as an anticonvulsant drug. Evidence supporting efficacy of Tegretol as an anticonvulsant was derived from active drug-controlled studies that enrolled patients with the following seizure types:
1. Partial seizures with complex symptomatology (psychomotor, temporal lobe). Patients with these seizures appear to show greater improvement than those with other types.
2. Generalized tonic-clonic seizures (grand mal).
3. Mixed seizure patterns which include the above, or other partial or generalized seizures.
Absence seizures (petit mal) do not appear to be controlled by Tegretol (see PRECAUTIONS, General).
Trigeminal Neuralgia: Tegretol is indicated in the treatment of the pain associated with true trigeminal neuralgia.
Beneficial results have also been reported in glossopharyngeal neuralgia.
This drug is not a simple analgesic and should not be used for the relief of trivial aches or pains.

CONTRAINDICATIONS
Tegretol should not be used in patients with a history of previous bone marrow depression, hypersensitivity to the drug, or known sensitivity to any of the tricyclic compounds, such as amitriptyline, desipramine, imipramine, protriptyline, nortriptyline, etc. Likewise, on theoretical grounds its use with monoamine oxidase inhibitors is not recommended. Before administration of Tegretol, MAO inhibitors should be discontinued for a minimum of fourteen days, or longer if the clinical situation permits.

WARNINGS
Patients with a history of adverse hematologic reaction to any drug may be particularly at risk.
Severe dermatologic reactions including toxic epidermal necrolysis (Lyell's syndrome) and Stevens-Johnson syndrome, have been reported with Tegretol. These reactions have been extremely rare. However, a few fatalities have been reported.
Tegretol has shown mild anticholinergic activity; therefore, patients with increased intraocular pressure should be closely observed during therapy.
Because of the relationship of the drug to other tricyclic compounds, the possibility of activation of a latent psychosis and, in elderly patients, of confusion or agitation should be borne in mind.

PRECAUTIONS
General: Before initiating therapy, a detailed history and physical examination should be made.
Tegretol should be used with caution in patients with a mixed seizure disorder that includes atypical absence seizures, since in these patients Tegretol has been associated with increased frequency of generalized convulsions (see INDICATIONS AND USAGE).
Therapy should be prescribed only after critical benefit-to-risk appraisal in patients with a history of cardiac, hepatic or renal damage, adverse hematologic reaction to other drugs, or interrupted courses of therapy with Tegretol.
Since a given dose of Tegretol suspension will produce higher peak levels than the same dose given as the tablet, it is recommended that patients given the suspension be started on lower doses and increased slowly to avoid unwanted side effects (see DOSAGE AND ADMINISTRATION).
Information for Patients: Patients should be made aware of the early toxic signs and symptoms of a potential hematologic problem, such as fever, sore throat, rash, ulcers in the mouth, easy bruising, petechial or purpuric hemorrhage, and should be advised to report to the physician immediately if any such signs or symptoms appear.
Since dizziness and drowsiness may occur, patients should be cautioned about the hazards of operating machinery or automobiles or engaging in other potentially dangerous tasks.
Laboratory Tests: Complete pretreatment blood counts, including platelets and possibly reticulocytes and serum iron, should be obtained as a baseline. If a patient in the course of treatment exhibits low or decreased white blood cell or platelet counts, the patient should be monitored closely. Discontinuation of the drug should be considered if any evidence of significant bone marrow depression develops.
Baseline and periodic evaluations of liver function, particularly in patients with a history of liver disease, must be performed during treatment with this drug since liver damage may occur. The drug should be discontinued immediately in cases of aggravated liver dysfunction or active liver disease.
Baseline and periodic eye examinations, including slit-lamp, funduscopy and tonometry, are recommended since many phenothiazines and related drugs have been shown to cause eye changes.
Baseline and periodic complete urinalysis and BUN determinations are recommended for patients treated with this agent because of observed renal dysfunction.
Monitoring of blood levels (see CLINICAL PHARMACOLOGY) has increased the efficacy and safety of anticonvulsants. This monitoring may be particularly useful in cases of dramatic increase in seizure frequency and for verification of compliance. In addition, measurement of drug serum levels may aid in determining the cause of toxicity when more than one medication is being used.
Thyroid function tests have been reported to show decreased values with Tegretol administered alone.
Hyponatremia has been reported in association with Tegretol use, either alone or in combination with other drugs.
Drug Interactions: The simultaneous administration of phenobarbital, phenytoin, or primidone, or a combination of two, produces a marked lowering of serum levels of Tegretol. The effect of valproic acid on Tegretol blood levels is not clearly established, although an increase in the ratio of active 10, 11-epoxide metabolite to parent compound is a consistent finding.
The half-lives of phenytoin, warfarin, doxycycline, and theophylline were significantly shortened when administered concurrently with Tegretol. Haloperidol and

valproic acid serum levels may be reduced when these drugs are administered with Tegretol. The doses of these drugs may therefore have to be increased when Tegretol is added to the therapeutic regimen.
Concomitant administration of Tegretol with erythromycin, cimetidine, propoxyphene, terfenadine, isoniazid, fluoxetine or calcium channel blockers has been reported to result in elevated plasma levels of total and/or free carbamazepine resulting in toxicity in some cases. Also, concomitant administration of carbamazepine and lithium may increase the risk of neurotoxic side effects.
Alterations of thyroid function have been reported in combination therapy with other anticonvulsant medications.
Breakthrough bleeding has been reported among patients receiving concomitant oral contraceptives and their reliability may be adversely affected.
Carcinogenesis, Mutagenesis, Impairment of Fertility: Carbamazepine, when administered to Sprague-Oawley rats for two years in the diet at doses of 25, 75, and 250 mg/kg/day, resulted in a dose-related increase in the incidence of hepatocellular tumors in females and of benign interstitial cell adenomas in the testes of males.
Carbamazepine must, therefore, be considered to be carcinogenic in Sprague-Oawley rats. Bacterial and mammalian mutagenicity studies using carbamazepine produced negative results. The significance of these findings relative to the use of carbamazepine in humans is, at present, unknown.
Pregnancy Category C: Tegretol has been shown to have adverse effects in reproduction studies in rats when given orally in dosages 1025 times the maximum human daily dosage of 1200 mg. In rat teratology studies, 2 of 135 offspring showed kinked ribs at 250 mg/kg and 4 of 119 offspring at 650 mg/kg showed other anomalies (cleft palate, 1, talipes, 1, anophthalmos, 2). In reproduction studies in rats, nursing offspring demonstrated a lack of weight gain and an unkempt appearance at a maternal dosage level of 200 mg/kg.
There are no adequate and well-controlled studies in pregnant women. Epidemiological data suggest that there may be an association between the use of carbamazepine during pregnancy and congenital malformations, including spina bifida. Tegretol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Retrospective case reviews suggest that, compared with monotherapy, there may be a higher prevalence of teratogenic effects associated with the use of anticonvulsants in combination therapy. Therefore, monotherapy is recommended for pregnant women. It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.
Labor and Delivery: The effect of Tegretol on human labor and delivery is unknown.
Nursing Mothers: During lactation, concentration of Tegretol in milk is approximately 60% of the maternal plasma concentration.
Because of the potential for serious adverse reactions in nursing infants from carbamazepine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children below the age of 6 years have not been established.

ADVERSE REACTIONS
If adverse reactions are of such severity that the drug must be discontinued, the physician must be aware that abrupt discontinuation of any anticonvulsant drug in a responsive epileptic patient may lead to seizures or even status epilepticus with its life-threatening hazards.
The most severe adverse reactions have been observed in the hemopoietic system (see boxed WARNING), the skin and the cardiovascular system.
The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. To minimize the possibility of such reactions, therapy should be initiated at the low dosage recommended.

The following additional adverse reactions have been reported:
Hemopoietic System: Aplastic anemia, agranulocytosis, pancytopenia, bone marrow depression, thrombocytopenia, leukopenia, leukocytosis, eosinophilia, acute intermittent porphyria.
Skin: Pruritic and erythematous rashes, urticaria, toxic epidermal necrolysis (Lyell's syndrome) (see WARNINGS), Stevens-Johnson syndrome (see WARNINGS), photosensitivity reactions, alterations in skin pigmentation, exfoliative dermatitis, erythema multiforme and nodosum, purpura, aggravation of disseminated lupus erythematosus, alopecia, and diaphoresis. In certain cases, discontinuation of therapy may be necessary. Isolated cases of hirsutism have been reported, but a causal relationship is not clear.
Cardiovascular System: Congestive heart failure, edema, aggravation of hypertension, hypotension, syncope and collapse, aggravation of coronary artery disease, arrhythmias and AV block, primary thrombophlebitis, recurrence of thrombophlebitis, and adenopathy or lymphadenopathy.
Some of these cardiovascular complications have resulted in fatalities. Myocardial infarction has been associated with other tricyclic compounds.
Liver: Abnormalities in liver function tests, cholestatic and hepatocellular jaundice, hepatitis.
Respiratory System: Pulmonary hypersensitivity characterized by fever, dyspnea, pneumonitis or pneumonia.
Genitourinary System: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, azotemia, renal failure, and impotence. Albuminuria, glycosuria, elevated BUN and microscopic deposits in the urine have also been reported.
Testicular atrophy occurred in rats receiving Tegretol orally from 4 to 52 weeks at dosage levels of 50 to 400 mg/kg/day. Additionally, rats receiving Tegretol in the diet for two years at dosage levels of 25, 75, and 250 mg/kg/day had a dose-related incidence of testicular atrophy and aspermatogenesis. In dogs, it produced a brownish discoloration, presumably a metabolite, in the urinary bladder at dosage levels of 50 mg/kg and higher. Relevance of these findings to humans is unknown.
Nervous System: Dizziness, drowsiness, disturbances of coordination, confusion, headache, fatigue, blurred vision, visual hallucinations, transient diplopia, oculomotor disturbances, nystagmus, speech disturbances, abnormal involuntary movements, peripheral neuritis and paresthesias, depression with agitation, talkativeness, tinnitus, and hyperacusis.
There have been reports of associated paralysis and other symptoms of cerebral arterial insufficiency, but the exact relationship of these reactions to the drug has not been established.
Digestive System: Nausea, vomiting, gastric distress and abdominal pain, diarrhea, constipation, anorexia, and dryness of the mouth and pharynx, including glossitis and stomatitis.
Eyes: Scattered punctate cortical lens opacities, as well as conjunctivitis, have been reported. Although a direct causal relationship has not been established, many phenothiazines and related drugs have been shown to cause eye changes.
Musculoskeletal System: Aching joints and muscles, and leg cramps.
Metabolism: Fever and chills. Inappropriate antidiuretic hormone (ADH) secretion syndrome has been reported. Cases of frank water intoxication, with decreased serum sodium (hyponatremia) and confusion, have been reported in association with Tegretol use (see PRECAUTIONS, Laboratory Tests).
Other: Isolated cases of a lupus erythematosus-like syndrome have been reported. There have been occasional reports of elevated levels of cholesterol, HDL cholesterol and triglycerides in patients taking anticonvulsants.
A case of aseptic meningitis, accompanied by myoclonus and peripheral eosinophilia, has been reported in a patient taking carbamazepine in combination with other medications. The patient was successfully dechallenged, and the meningitis reappeared upon rechallenge with carbamazepine.

Printed in USA

C94-3 (Rev. 3/94)

BASEL
Pharmaceuticals

Basel Pharmaceuticals
Ciba-Geigy Corporation
Summit, New Jersey 07901

REFERENCES:
1. Mattson RH, Cramer JA, Collins JF, et al. Comparison of carbamazepine, phenobarbital, phenytoin, and primidone in partial and secondarily generalized tonic-clonic seizures. *N Engl J Med.* 1985;313:145-151.
2. Mattson RH, Cramer JA, Collins JF, et al. A comparison of valproate with carbamazepine for the treatment of complex partial seizures and secondarily generalized tonic-clonic seizures in adults. *N Engl J Med.* 1992;327:765-771.
3. Mikati MA, Browne TR. Comparative efficacy of antiepileptic drugs. *Clin Neuropharmacol.* 1988;11:130-140.
4. Trimble MR. Anticonvulsant drugs and cognitive function: a review of the literature. *Epilepsia.* 1987;28(suppl 3):S37-S45.
5. Smith OB, Mattson RH, Cramer JA, et al. Results of a nationwide Veterans Administration cooperative study comparing the efficacy and toxicity of carbamazepine, phenobarbital, phenytoin, and primidone. *Epilepsia.* 1987;28(suppl 3):S50-S58.
6. Herranz JL, Armijo JA, Artega R. Clinical side effects of phenobarbital, primidone, phenytoin, carbamazepine, and valproate during monotherapy in children. *Epilepsia.* 1988;29:794-804.



FROM REFILL TO REFILL . . . WHICH CBZ WILL YOUR TEGRETOL PATIENTS GET NEXT?

Only *you* can prevent substitution when
you Rx Tegretol . . .

- by signing on the line that prevents substitution
- OR adding the phrase required in your state:
 - Dispense as Written
 - Do Not Substitute
 - May Not Substitute
 - No Drug Product Selection
 - No Substitution
 - Medically Necessary
 - Brand Necessary
 - Brand Medically Necessary
(for your Medicaid patients)

This ensures your patient receives the Tegretol
branded product YOU have prescribed.

Providing ongoing support and commitment to the epilepsy community

INNER-CITY MEDICINE

Urban care clinics reflect community needs

Residents of Chicago neighborhoods receive more than basic health care.

By Rick Paszkiet



John McNulty

As patients register at Alivio Medical Center, internist Rolando Henriquez, MD, stands by.

With no health insurance and limited access to medical care, many residents of the Pilsen and West Town neighborhoods in Chicago rely on the Alivio Medical Center and Community-Health clinic, respectively, for basic medical care. Yet these two inner-city free clinics also provide another vital function: They offer their patients support and a sense of community.

Located in areas populated mainly by low-income people of Hispanic descent, these clinics have become focal points in their communities, places where patients can obtain quality health care regardless of their ability to pay. The clinics' success has been attributed to the dedication and commitment of the staff, volunteer physicians and community leaders.

"Alivio is geared toward lower-income families. Our surrounding neighborhood is primarily com-

posed of people who could be classified as the working poor," said Donald Woznica, MD, associate medical director of the Alivio Medical Center. "Because Alivio is situated in one of the oldest Mexican immigrant communities in Chicago, we are culturally sensitive to the needs and problems of Mexican-Americans. This has resulted in almost a 'partnership' occurring between the clinic and its neighborhood."

The Alivio Medical Center, which has been in operation for almost seven years, sees more than 25,000 patients per year on an annual budget of \$4 million. Its medical staff consists of two pediatricians, a family physician, an internist, two part-time Ob/Gyns, a part-time podiatrist and a part-time chiropractor. A volunteer surgeon comes to the clinic once a week to consult with patients.

(Continued on page 12)

Urban care clinics

(Continued from page 11)

Most of Alivio's funding comes from private donations, according to Dr. Woznica. About half the center's patients are insured through Medicare or Medicaid, and those patients who are uninsured pay on a sliding scale based on their income.

"Our policy is never to turn anyone away," added Dr. Woznica, who is a family physician. "One of Alivio's strengths is the clinic's commitment and willingness to treat people who don't have insurance and cannot pay for medical services. Many of our patients live below the federal poverty level."

Like the Alivio Medical Center, CommunityHealth has a mission to provide health care to Chicago's medically underserved. The clinic, which opened its doors in 1993, sees about 4,800 patients per year and has an operating budget of \$160,000.

"CommunityHealth was founded in 1991 by Dr. Serafino Garella as a place for patients to go who have no insurance. By seeking support from other physicians and community leaders, Dr. Garella was able to get the necessary funding to open CommunityHealth," said Buck Taylor, executive director of CommunityHealth. "We are a totally private organization and don't receive any federal or state funds. As a rule, then, we don't treat patients who are on Medicare or Medicaid. We primarily take care of people whom society neglects."

With its staff of only one full-time nurse/manager and four part-time employees, CommunityHealth relies heavily on its volunteers. Currently, CommunityHealth has more than 150 volunteers, ranging from physicians to neighborhood residents, as well as medical students from Rush Medical College and Northwestern University Medical School.

Finding a steady stream of dedicated volunteers is one of the greatest challenges facing CommunityHealth.



Pediatrician Otto Aldana, MD, examines 5-year-old Justin Marrero at CommunityHealth clinic.

Taylor explained that medical professionals from suburbs and small towns tend to rally around their local indigent clinics. But because Chicago is so vast and fractionalized, urban clinics have more difficulty in attract-

ing and maintaining a core of volunteers.

"We could stay open 24 hours a day and still not be able to see all the patients who need our help. That's why volunteers are such an indispensable component to

John McNulty

ANNOUNCING

Cost-Effective

MEDICAL MALPRACTICE

INSURANCE ALTERNATIVES

Malpractice Insurance Alternatives Are Available For:

- Physicians, regardless of your practice situation.
- Group Practices: existing and in formation. Traditional and emerging practice settings.
- Any type of Healthcare Facility or Healthcare Delivery System.

For more information, at no obligation, on your malpractice insurance alternatives, contact the malpractice insurance specialists:

Cunningham Group

1100 Lake Street, Suite 230, Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

HOOVER & BRASELTON

ATTORNEYS AT LAW

20 NORTH CLARK ST.
SUITE 3600
CHICAGO, IL 60602
312-759-3907

Sam Hoover, MD, JD

Debra Braselton, RN, JD

Thomas J. Keevers, JD

PRIVATE COUNSEL FOR

Licensure Problems
Contract Negotiations
Partnerships and Corporations
Privileges Disputes
Medicare, Medicaid and Insurance
Fraud Allegations
Malpractice Actions
And Other Health Law Issues

any urban clinic's survival and ultimate success," said Taylor. "One of CommunityHealth's strengths, though, is that volunteers, whether they be physicians or medical students, have an opportunity to meet each other, interact, and discuss issues that affect low-income patients. CommunityHealth is a great forum to exchange ideas."

PHYSICIANS' REASONS for volunteering or working full time at Alivio or CommunityHealth vary. Some want to be more involved in clinical medicine, while others simply want to help low-income people.

"My motivation for working at Alivio comes from the premise that medicine should not be a business. I believe everyone should have access to health care, no matter if they can afford it or not," said Oscar Linares, MD, a full-time pediatrician at Alivio. "There is also the personal satisfaction of treating patients who are truly grateful for your services. At Alivio, I believe that every time I help a patient, especially a child, I'm also helping the entire community. Few medical jobs give you that sense of accomplishment."

Volunteer physicians also enjoy their work at these clinics because they can practice medicine without the worries and frustrations of managing a private practice. The clinic lets physicians focus solely on the basics – treating patients.

"When I'm volunteering at CommunityHealth, I'm practicing medicine in its purest form," explained Andrew Johnston, MD, a Chicago internist. "The aggravations and burdens of a private practice – billing, staffing, insurance paperwork – are not here to distract me."

"Sometimes you get so bogged down in your own practice that you don't realize that there are people out there who don't have any access to health care," he continued. "Volunteering at CommunityHealth is almost like a ballast – it never lets me forget about

those patients who don't have the money to pay for basic medical care."

Typical problems treated at Alivio and CommunityHealth are diabetes, hypertension, cardiac disease, gallbladder disease, sexually transmitted diseases and teenage pregnancies. In addition, physicians see more cases involving parasitic diseases due to the mobility of the population between Mexico and the United States.

"We see patients whose illnesses are often in an advanced stage. Many Mexican males are reluctant and sometimes unwilling to seek medical advice, and therefore their problems go untreated," said Dr. Woznica. "These are the cultural problems that the center faces. Remember, many of our patients are recent immigrants who are jobless and live in cramped quarters. Many feel isolated and experience a type of culture shock. To be responsive, we have to understand what these patients are experiencing on a daily basis."

Many of the patients' health care problems are exacerbated by their socioeconomic conditions, said Alan Rosenberg, MD, a Chicago internist who has volunteered at CommunityHealth for the past two years. "A simple prescription is beyond the means of many of our clients. Patients' lack of money translates into children who aren't immunized and expectant mothers who can't get proper prenatal care. Fortunately, CommunityHealth provides these important medical services."

"But problems occur when it comes to the follow-up," he continued. "Is the patient coming in regularly to be treated? Is the patient taking his or her medication? We simply don't have the full-time staff to insure continuity of care. This is an area that needs more attention."

Both clinics devote a great deal of resources to preventive care programs. To help foster closer ties with the community, they offer cholesterol screenings, parenting seminars and teen counseling.

"We recognize the importance of preventive care,"

Dr. Linares said. "The problem is how do we do it? Right now we are doing a good job when it comes to educating these patients. However, we need to develop even more community programs that help these people. Domestic violence, gun control, illiteracy – these are all subjects that we must concentrate on in the next couple of years."

Besides educating their patients, Alivio and CommunityHealth try to create an environment that encourages patients to use the resources available to them. Most of the staff at these clinics speak Spanish, and a translator is usually available to help physician volunteers who have trouble communicating with patients.

"Once you get the medical aspect of the clinic functioning, you have to focus on the patient," said Taylor. "Patients like coming to CommunityHealth. We are constantly told by our patients that the doctors treat them with respect. They are treated like valued members of the community, not second-class citizens."

The spirit of CommunityHealth was emphatically demonstrated when the clinic moved to its new facility in Chicago's West Town. Forty people from the neighborhood helped construct the clinic's six examining rooms.

"I suppose CommunityHealth did its own urban version of a barn-raising," Taylor said. "Every Saturday, neighborhood people would come here with their tools and help us with the remodeling. Like our volunteer physicians, they're committed to CommunityHealth."

So far, both Alivio and CommunityHealth can point with pride to visible results of their efforts: Children are receiving immunizations, area residents are learning more about preventive care, and the patient volume is increasing. "We are succeeding," said Dr. Woznica. "As long as our clinic appreciates the culture of its clients and provides an environment that demonstrates concern and respect, we can continue to attract patients and strengthen the community." ■



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Busy cardiologist needs part-time or full-time associate. Call Joanne, (312) 283-2448, between 8 a.m. and 4 p.m.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenton Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Midwestern states: Interim Physicians' Midwest regional office in Chicago has the local insight to help you with your locum tenens and physician staffing needs. Interim Physicians has locum tenens opportunities that are one day, one week, one month and long term. Or if you are looking to get away from your practice, Interim Physicians has quality physicians ready to assist. For more information, contact Christa Bartik or Tracy Wolf at (800) 925-2144.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Urgent care: Enjoy regularly scheduled hours and excellent compensation in our new Prompt Care facility treating minor illnesses and injuries. Enjoy life in this beautiful, small, safe college city. Contact L. June Brackett, CEO, The Galesburg Clinic, 3315 N. Seminary St., Galesburg, IL 61402-1207; phone (309) 344-9215.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$120,000 plus benefits. Part-time is a minimum of \$500 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Family practice, internal medicine, obstetrics/gynecology and urgent-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Chicago/Northern Suburbs: The Chicago Medical School is seeking another full-time family practice physician to join its staff at the university's clinic. Candidates must be board certified in family practice and will be given a teaching appointment consistent with their background. Major responsibility is patient care (including student health). Candidates will also be teaching physical diagnosis to medical students. Competitive salary with potential productivity supplements. Excellent pension plan. Minimal inpatient work. Contact Kurt Kurowski, MD, Acting Chairman, Department of Family Medicine, FUHS/The Chicago Medical School, 3333 Green Bay Road, North Chicago, IL 60064. Phone (708) 578-3338.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Primary care physicians, where are you? Large south suburban multispecialty group practice is looking for family physicians, general practitioners, internal medicine physicians and pediatricians. Please come join our existing team! Please send curriculum vitae with salary requirements to P.O. Box 17578, Chicago, IL 60617.

Pediatrics: Group practice opportunities offer the BC/BE pediatrician a congenial practice environment in modern offices with ancillaries. Business aspects of the practice handled by specialists in that field. Comfortable call schedules allow time for leisure and family. Practice in Peoria, with option for teaching residents, or in Bloomington, a progressive, upscale community. Enjoy the family-oriented Midwestern lifestyle with good schools, safe neighborhoods and many options for recreation and culture. Compensation includes excellent salary, insurance, personal time bank, CME allowance and savings plans. Contact Dawn Hamman, OSF/Saint Francis Inc., 4541 N. Prospect, Peoria, IL 61614; (800) 438-3740; fax (309) 685-2574.



Rush Symposium on: Hepatic & Biliary Disease VIRAL HEPATITIS "Three Decades of Progress"

- * by world class panel of experts in viral hepatitis.
- * CME Credits Offered

Thursday, November 2, 1995
8:00 AM to 5:00 PM

*Presented by the Section of Transplantation Surgery and
Section of Digestive Diseases*

**Rush-Presbyterian-St. Luke's Medical Center
Searle Conference Center
1725 W. Harrison Street
Chicago, Illinois 60612**

For information call: Ms Lynn Knudson 312-942-6242

Seventh Annual Rush Symposium on Transplantation:

NEW HORIZONS IN TRANSPLANTATION
Presented by the Section of Transplantation Surgery
Saturday, April 27, 1996
8:30 AM to 5:00 PM

Ⓡ RUSH

Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. Ob optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

Vice President, Medical Affairs: Small regional health system in medium-sized Midwestern community seeks an experienced medical executive. Progressive managed care environment. Need a visionary who is strategic and quality-focused and has strong administrative/organizational skills. Great opportunity. Call or write Michael F. Doody; Witt/Kieffer, Ford, Hadelman & Lloyd; 2015 Spring Road; Suite 510; Oak Brook, IL 60521; (708) 990-1370; fax (708) 990-1382.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable NW Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Midwest: Physician-managed group offers excellent full-/part-time emergency medicine/ambulatory care opportunities in Illinois, Indiana, Iowa, Missouri, Wisconsin and surrounding states. Clinical and administrative positions in supportive environments. To learn more about our practice, please contact NES/Midwest, Diane Temple, Director of Physician Recruitment, at (800) 654-6374; fax (708) 654-1203; 440 East Ogden, Hinsdale, IL 60521.

Wisconsin: Monroe, a safe, family-centered community, is just one hour from Madison, Dubuque and Rockford and two hours from Milwaukee and Chicago. We are a 50-plus-physician multispecialty group practice with openings for BC/BE physicians in family practice, outpatient psychiatry, orthopedic surgery, dermatology and emergency medicine. We offer generous benefits, freedom from buy-ins and office management. Call schedules you can live with. New 114,000-square-foot clinic. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Situations Wanted

Thirty years in family practice, recently retired, available to work part time or full time in ambulatory clinic, urgent care center, locum tenens or salaried position. Please send replies to Box 2267, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practicing FP public aid clinic MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Call (312) 337-6904.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000 square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Modern family practice for sale – includes ownership of building and equipment. More than 5,700 active patients with 235K gross. Retiring soon – will introduce. Negotiable price under 99K. Call (618) 233-8869.

Miscellaneous

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Wanted: Retired or semi-retired MD to do fundraising by telephone, mail, etc., for political campaign. Hours flexible. Call (708) 795-1655.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. Recorded message gives details.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

Chicago Chicago Chicago



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

Kellie S. Johnson, M.D.
Cleveland, OH

Loan Forgiveness
Smaller towns
Higher incomes
Signing bonuses
1000's of locations

FP Urgent Care
No call/ inpatient
Set hours
Most communities
100's of jobs

Metro Cities
Established groups
Larger call groups
Great facilities
300 cities

Hem/Onc Ohio
Cardiology Texas
Surgery Virginia
Occ Med Ohio
Pulm Kentucky

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

OVER 2000 RURAL LOCATIONS



**The
Curare
Group, Inc.**

NEW OPENINGS DAILY!
(800) 880-2028
Or Fax CV to:
(812) 331-0659
M-F 8:00am-8:00pm
Sat 1-5pm EST

C192MI

Emergency care bill

(Continued from page 1)

Richard Aghababian, MD. "No matter how serious the symptoms may be, patients have no way of knowing if their emergency visit will be covered until after they are diagnosed."

Managed care coverage of emergency medical care is a problem not only for patients, but for ER physicians as well, according to Jacek Franaszek, MD, director of emergency services at Hinsdale Hospital. "It's a real bone of contention with us. No one has a problem with a [patient with a] sprained ankle

showing up and being told to come back the next day, although you could make a case that it's more cost-effective to treat it [at the time] instead of rescheduling," Dr. Franaszek said. "But what about the mom who brings in a child with a severe earache at 3 a.m.? Or the patient who believes himself quite ill with chest pains that turn out to be [a symptom of] pleurisy? You can only get to know it's pleurisy by evaluating the patient. And it's difficult to have a patient denied payment for a visit because something turned out to be not serious even though it seemed so at the outset."

The practices of some managed care

plans regarding emergency care have hurt, not helped, patients, said Stanley Zydlo Jr., MD, chief of emergency room services at Northwest Community Hospital in Arlington Heights.

"I think the concept [of managed care] is good, but it has to evolve," Dr. Zydlo said. "Patients are coming in sicker than hell. I've had surgeons say that the last four appendices [they saw] were ruptured because patients were told to wait six to eight hours and increase their intake of fluids. And patients with asthma are being told to use inhalers. We're seeing more serious cases and deaths. If there is any suggestion of a stroke or

heart attack, a patient should come in. It's the best way to prevent the stroke or heart attack. But if they're told it's indigestion, wait three or four hours, the problem goes away — but so [may] the patient!"

Emergency rooms "do a superb job of handling true medical and surgical emergencies," said Arnold Widen, MD, vice president and medical director of Blue Cross and Blue Shield of Illinois. The problem is that emergency rooms have become acute care centers for all kinds of nonemergency conditions. Managed care plans want to cut unnecessary emergency room usage to try to provide high-quality yet cost-effective care, he said.

Patients in the Blues' HMO Illinois plan are automatically covered 100 percent for any life-threatening emergency, which Dr. Widen said is "defined broadly" and includes chest pains and shortness of breath. Coverage is based on symptoms, not diagnoses. But the plan will not cover, for example, someone who seeks emergency care for a backache and was not referred by a primary care doctor, he said.

The Blues suggests that ER physicians ask HMO patients who their doctor is and "call and clear [the emergency visit] if the patient hasn't done so," Dr. Widen said.

So how do physicians handle their HMO patients when emergencies — real or not — arise? "Our obligation is to the patient regardless of the insurance payment. It's our ethical responsibility to treat the patient, and it's mandated by federal law," Dr. Franaszek said. "We will not do a wallet biopsy before doing a screening biopsy."

He added that emergency physicians at Hinsdale sometimes call a managed care plan as a courtesy to patients. "But sometimes it takes a while to get called back, and [by then] we already have rendered services. Then we're in the nasty position of having the care denied," Dr. Franaszek said.

The Consolidated Omnibus Reconciliation Act of 1986 requires hospitals to perform a screening exam on any patient seeking emergency care to determine whether there is a true medical emergency. COBRA also says that if an emergency exists, physicians must stabilize patients before discharging or transferring them, according to an article in the Sept. 18 issue of the National Law Journal. For violating the act, hospitals can be fined civil penalties of up to \$50,000 per violation and be terminated from the Medicare program. Patients are allowed to bring personal injury actions under COBRA, the article said. The act, however, does not mandate coverage of the services it requires physicians to render.

As Illinois Medicine went to press, ISMS was negotiating with the Illinois Department of Insurance to define "emergency" and to determine the general services that would be included in that definition.

ISMS policy supports legislation or regulation that would require managed care organizations to prearrange for the provision of medical care, including emergency care, on a 24-hour, seven-day-per-week basis for enrolled patients in their immediate geographic area. It also states that when patients are provided emergency care in such facilities, the treating physicians should be permitted and authorized to complete the care without interference or monetary penalty. ■

If you're like most physicians, you want to steer clear of the business pressures that come with operating your own medical practice and concentrate on caring for your patients—and a little more time for your personal life.

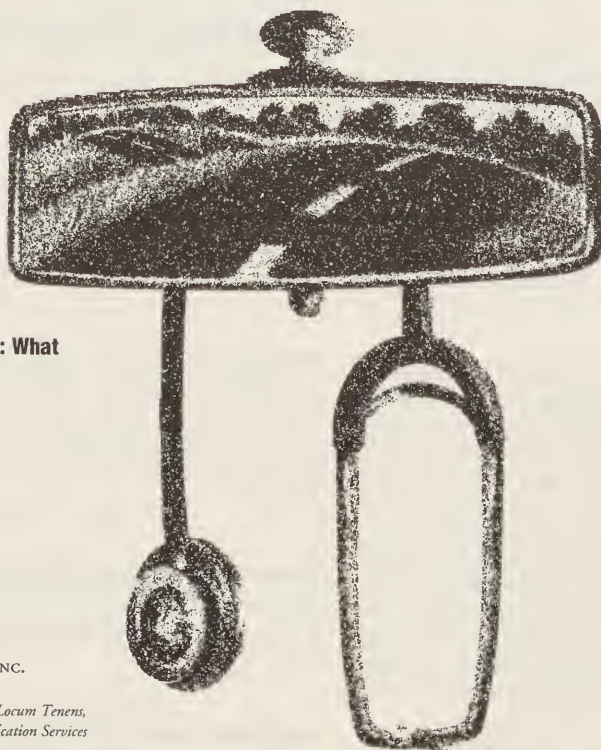
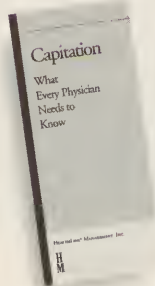
We know the road when it comes to managing a smooth, efficient practice. You see, we're owned by Saint Louis University and we operate and manage primary care and specialty practices throughout Missouri and Illinois.

We'll work to cut costs and streamline your billing services. We'll advise you on legal matters and brainstorm with you about physician mergers or managed care strategies. You stay in the driver's seat at all times. We'll supply you with demographics, community profiles, strategic business studies; everything you need to have a competitive edge. And you choose the direction you want your practice to take.

Like Cruise Control for Your Medical Practice.

If you want a private practice and a private life, call HMI.

Call 1-800-443-3901 for more information, or to receive a free copy of our brochure, "Capitation: What Every Physician Needs to Know."



HEALTHLINE® MANAGEMENT, INC.

Physician Placement, Staffing, Billing, Locum Tenens, Practice Management, Credential Verification Services

A wholly owned subsidiary of Saint Louis University

Illinois PRO bid

(Continued from page 1)

because of the "dramatic change in the activities of peer review organizations," Dr. Schneider said. "There was a time when the primary function of PROs was threatening physicians with sanctions. But they have moved beyond the 'bad apple' syndrome and now are into the mode of looking at patterns of care. PROs are now facilitators rather than purely punitive organizations. Their attitude has changed from 'We're here to beat up on you' to 'We're here to help you.' They're showing doctors ways we can do things better — ways we can be proactively involved in improving patient care."

Under the upcoming "fifth scope of work," the PRO program's focus will switch from reviewing individual cases to conducting studies designed to improve quality outcomes, said Chairman of the ISMS Board of Trustees Ronald G. Welch, MD, in a letter to members. "While HCFA will still require some individual case review, this will likely represent only 2 percent of Medicare discharges, rather than the 18-percent sampling and review of discharges that have been required in the past," he wrote.

PROs are now facilitators rather than purely punitive organizations. Their attitude has changed from 'We're here to beat up on you' to 'We're here to help you.'

"The earlier scopes of work were mostly punitive, so the Society's role was to be a watchdog and an advocate for physicians. But over time, as the scopes of work changed and became more educational, our role was still to be an advocate, but we're in a better position to play a role in education. It's appropriate for us in this changing environment to change our relationship with PROs," Dr. Ruecker said.

Although ISMS selected KePRO, Dr. Schneider noted the Society is prepared to work cooperatively with any PRO awarded the HFCA contract. "We didn't feel it was in the best interest of physicians to endorse more than one entity," Dr. Ruecker said.

ISMS enlisted board-certified, specialty-specific physicians interested in becoming reviewers for the future ISMS-backed PRO venture. To date, more than 1,200 physicians have expressed interest in participating, Dr. Welch said.

THE BOARD ALSO RATIFIED ISMS' involvement with KePRO in seeking a contract with the Illinois Department of Public Aid for a retrospective performance evaluation of health maintenance organizations.

Under terms of the agreement, ISMS would be responsible for providing

physician reviewers for HMO cases that failed to pass nurse review criteria, Dr. Schneider said. "This is not much different than what CIMRO is doing now in evaluating fee-for-service [providers]. Currently, no review [of HMOs] is conducted, so this is more of a basic medical records review. The HMOs will have to provide records, and nurses will look at them." After the review by nurses, an HMO record could be referred for physician review if possible deficiencies in the quality of care were noted by nurse reviewers, Dr. Schneider said. "They're just making sure the HMO is rendering the services it's being paid for."

ISMS chose KePRO because of its impressive Medicaid and HMO review experience. The organization holds the Medicaid review contract for Florida, Dr. Schneider said. KePRO also expressed interest in submitting a joint bid with ISMS for the retrospective HMO evaluation and Illinois PRO contracts. "Developing a working relationship with the same entity [on both proposals] seemed logical," he explained. The ISMS-KePRO partnership on the HMO contract could also serve as a pilot project before the formal venture on the PRO bid is undertaken, Dr. Schneider said.

Finally, the board voted to continue

exploring participation in quality assurance oversight with appropriate partners for the MediPlan Plus program. Although the plan is in limbo while awaiting required federal government waivers, ISMS must choose a review partner soon to allow for an expedient response to IDPA's expected request for proposals, Dr. Schneider explained. "If more and more people are going to be in HMOs, [the state] will need a way to make sure the money they're giving those HMOs is being expended as they thought it would be." ■

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)

Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus . . .

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

Leukemia patient

(Continued from page 1)

nosed in August 1994, Santucci began alpha interferon therapy, the brief said. However, she suffered serious side effects and toxicities, prompting Dr. Traynor to discuss with her the option of transplant.

Allogeneic transplantation, which entails taking bone marrow cells from a donor, was not possible for Santucci because she could not find a matching donor, according to the brief. "Only 15 to 20 percent of the patients can find a matching donor," Dr. Sweet said.

"Doctors usually at this point go on a

seek-and-search mission to find a matched donor, perhaps a brother or a sister," said Jacob Bitran, MD, director of hematology and oncology at Lutheran General Hospital. "In Santucci's case, no donor could be found. She was really stuck."

Dr. Traynor sent Santucci for a second opinion to Patrick Stiff, MD, director of the adult bone marrow transplant program at Loyola University Medical Center. He concurred that the combination of high-dose chemotherapy and autologous bone marrow transplant was the best therapy for her. "I am convinced that this is the best therapy for the patient

to undergo, given that she had no compatible sibling and that she could not tolerate interferon therapy," he said. More important, the "survival rate is superior with an autologous bone marrow transplant. This is the first case [in Illinois] that I am aware of where treatment was not done."

Santucci's request for coverage of autologous bone marrow transplantation was denied by Prudential April 17, the brief said. It was appealed, with Dr. Traynor forwarding additional information. Subsequently, Prudential denied the request twice. Santucci is undergoing testing, and the transplant has not been

scheduled, according to Hinsdale Hospital.

"The problem with ABMT is that the medical community views this as an experimental, unproven treatment," said Daniel Engel, an attorney for Prudential. "There is not consensus that this treatment has been studied enough to determine whether it is a safe treatment." The procedure is "unproven and dangerous," he added, citing an article in the March 1995 issue of the Journal of Oncology that stated that too few patients have been studied to determine whether the treatment for leukemia can be proved to be safe and effective. "Our contract stated that a decision as to whether treatment is covered or not is based on the medical community."

"There are more than 200 patients who have been treated with ABMT," said Dr. Sweet, who became involved with the Santucci case when he served as an expert witness at the hearing. "There is nothing experimental about this. None of the drugs are experimental, none of the data from studies are experimental, and none of the people used in the studies are experimental." During the hearing, the defense called an expert witness to testify that ABMT was experimental, he added. "This witness never performed the procedure and was not even knowledgeable on the subject."

Autologous bone marrow transplantation has become conventional treatment for certain cancers, including leukemia and non-Hodgkins lymphoma, according to the National Cancer Institute. In addition, research is ongoing regarding the effect of this treatment on other types of cancer. Researchers at Loyola University Medical Center released findings of a study earlier this year that revealed a combination of autologous bone marrow transplant and high-dose chemotherapy improved the survival rates for women in the advanced stages of ovarian cancer.

In arguing that the treatment is not experimental in Illinois, Taxman cited a 1994 court case, Lubeznik vs. HealthChicago, in which the state's appellate court wrote, "HDCT/ABMT has been a state-of-the-art treatment for leukemia and non-Hodgkin's disease for many years."

"Her story makes it very clear what happens when lawyers, judges and bureaucrats make patient care decisions," said officials at Hinsdale Hospital.

"I would like to say this is an isolated incident, but realistically it is not. We've had cases in the past, and we will probably have more in the future," said Steve Davis, vice president of marketing at Hinsdale Hospital. ■

Why Do Physicians Need HIV Disability Coverage?

Gaps In Your Long Term Disability coverage Make HIV Coverage Essential.

HIV has unique implications for physicians. As a practical matter, due to ethical and social issues, a physician's ability to practice medicine ends if he or she becomes HIV Positive. But most disability plans don't recognize this fact. With a typical Long Term Disability Plan, you might not receive a benefit until you are physically unable to perform your medical specialty. This could take as long as 5 years. However, you could have an immediate loss of earnings. Even if your Long Term Disability Plan provides some immediate benefits, you may not have enough to replace all of your lost earnings.

PBT HIV Disability Coverage Fills The Gap Between The Time A Physician Becomes HIV Positive and The Onset of Disability.

The PBT HIV Disability Program pays you the full coverage amount without regard to any other benefit payments or earnings you receive. The only requirement is that the covered physician test positive for HIV. This valuable protection was developed under the direction of the physician members of the PBT Board of Trustees who recognize the seriousness of the threat all physicians face. The Chicago Medical Society and Illinois State Medical Society have worked together to make sure that the resulting PBT HIV Disability Program provides an extremely high quality coverage that's also very affordable.

The PBT Offers The Lowest Rates Anywhere — \$130 per year for each \$100,000 coverage you purchase.

For the third year in a row, we have been able to keep the cost to just \$130 per year for each \$100,000 of HIV coverage. This is the lowest cost available for this type of coverage. Be certain to enroll for enough coverage to provide income during the period from the receipt of an HIV Positive test to the onset of Disability. With the PBT HIV Disability Program, you can purchase up to \$750,000 of coverage subject to a maximum of 5 times earnings.

Summary Of PBT HIV Disability Program Advantages:

- Pays 100% Of Benefit Even If You Continue Working
- Fills The Gap In Your Disability Coverage
- Lowest Cost Available Anywhere
- Pays In Addition To Other Disability Plans Or Other Forms Of Income
- Designed Exclusively For Physicians
- Lump Sum or Annual Payout Options

One More Reason Why You Need HIV Disability Coverage

AIDS is now the top killer in the 25-44 age group, according to the U.S. Centers for Disease Control and Prevention.

Call now for details

(800) 621-0748

(312) 541-2704



PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Programs



Physician HELPLINE

A 24-hour physician HELPLINE is available to link impaired physicians and their families with helpful resources. Contact the ISMS Physicians HELPLINE at (312) 580-2499.



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

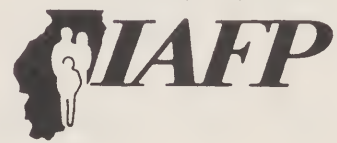
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“A patient who I
thought trusted me
sued me for malpractice.
Thank goodness I learned
to be as meticulous
with my **pen** as I was
with my scalpel.”



Poor record-keeping loses more cases than bad medicine. That's one reason why the Illinois State Medical Inter-Insurance Exchange offers intensive risk management and loss-prevention programs. They're part of what we call Physician-First Service. To help you survive in a litigious society, ISMIE arms you with what you need. Like seminars on improving documentation. Mock trial video tapes. And workshops tailored specifically for you and your staff. As your insurer, ISMIE protects you. But we also teach you to protect yourself.

Call 1-800-782-4767 for a Risk Management Resources brochure.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

11/08/95

ISDIAGNOSIS CASES SURFACE (PAGE 6)

AHA releases results from long-term heart disease study

PAGE 2

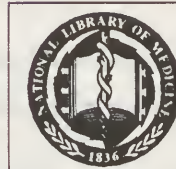
Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • OCTOBER 20



The good old days
still exist in small-
town practice

PAGE 9



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Agency proposes prescription program

FDA: Pharmacists would
develop leaflets for
consumers. BY MARY NOLAN

[WASHINGTON] On Aug. 23, the U.S. Food and Drug Administration proposed a program that would encourage pharmacists and other health care professionals to develop leaflets for consumers that would provide information about their prescribed medications.

"Pharmacists would be on their own to provide information about drugs to patients," according to Lou Morris, chief of the marketing practices and communications branch of the FDA. "We would monitor this information by periodically surveying pharmacists to see what information they are giving them."

The Department of Health and Human Services developed a prototype leaflet for the drug Ceclor, which uses a question-and-answer format. The leaflet describes the "most important information" about the drug, lists possible side effects and contraindications, advises patients step by step about proper use, instructs patients about what to do in case of an overdose and provides storage tips. The prototype also directs patients to follow their doctor's advice about taking Ceclor and suggests that if they have questions or concerns, they should consult their physician or pharmacist.

Although patients should be thoroughly informed about the medications they're prescribed, the FDA's proposed program may go too far and should be viewed with caution, according to Joseph Perez, MD, a consultant to ISMS' Committee on Drugs and Therapeutics.

"What you've got is an overkill in almost every respect. People are apprehensive [about taking medication]. If they read

(Continued on page 11)

ISMS holds managed care symposium

PROGRAM: Physician attendees hear about ISMS' proposed MSO and case studies of successful physician-directed organizations. BY MARY NOLAN

SERIES

[CHICAGO] ISMS conducted the symposium "Physicians Seizing the Reins of Change" Sept. 30 at the Marriott O'Hare Hotel in Chicago to help physicians prepare to drive managed care and to introduce the concept of an ISMS management services organization. "Change as we see it today is different than ever before," said ISMS Chairman of the Board of Trustees Ronald G. Welch, MD, in his opening remarks. "It is being driven by information managers, by business analysts, by MBAs and by third-party payers, not by those of us who give care to patients."

The Society's examination of how it could best help its entire membership become a force in the changing market resulted in a proposal for an MSO, he said. The goal of an MSO would be to provide physicians throughout the state with a "wide range



Dr. Swanson, president of a California IPA (left), discusses the need for managed care entities to assume and manage risk.

of consulting, practice management and information systems services. By making a broad mix of services available to physicians, we believe we can significantly improve the medical practice environment for our members and reduce the competitive advantages enjoyed by

insurance companies and wealthy health maintenance organizations. The proposed MSO will level the playing field by providing physicians with tools that can help them maintain clinical independence and achieve financial success under managed care."

John McNulty

A lot of groundwork went into identifying the need for the proposed MSO, Dr. Welch said. First, the ISMS Board of Trustees commissioned a study of the feasibility of various strategies the Society might use to help members with managed care issues. "The study analyzed marketplace trends and the implications of managed care contracting for all types of physician practices – from the solo practice physician to large multispecialty groups." In addition, research was conducted through focus groups and a direct-mail survey of members, he said.

The team that evaluated the study concluded that an MSO would be valuable to ISMS members because it would "create an option for clinical and administrative control to be put back into the hands of physicians, where it belongs," Dr. Welch said.

In October 1994, after the research had been analyzed, the

(Continued on page 7)

I N S I D E

Inner-city
institute strives
to improve
children's health



PAGE 3

DEPARTMENTS

News Briefs	2
Commentary	5
ISMIE Update	6
Classifieds	12

DOJ charges providers with price-fixing

CHARGES: Hospitals and physicians in two states are sued for allegedly using monopoly power to prevent competition. BY KATHLEEN FUREORE

[WASHINGTON] The antitrust division of the U.S. Department of Justice filed price-fixing lawsuits Sept. 13 against medical providers in Danbury, Conn., and St. Joseph, Mo. The two complaints – the first of their kind nationwide – charged the physicians and hospitals with using monopoly power to keep lower-priced managed care plans and other competitors out of the market, according to a news release from the DOJ.

The department simultaneously filed proposed settlements that would let doctors and hospitals work together to reduce health care costs but prevent them from limiting competition and driving up costs. The defen-

dants agreed to the terms of those settlements, the release said.

"These lawsuits signal that we will not tolerate collusive conduct that drives up health care costs," explained Anne Bingaman, assistant attorney general in charge of the antitrust division. "However, we remain flexible and willing to consider innovative arrangements that preserve competition and may reduce the cost of medical care."

In the Connecticut case, the DOJ said Danbury Hospital – the area's only acute care facility – formed an alliance with every physician on its medical staff and fixed the prices they would charge to try to delay and deter the development of managed care plans. In addition, the complaint alleged the hospital worked with the physicians to limit the size and mix of its medical staff to limit

(Continued on page 14)

***** 3-DIGIT 208

NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

00541



David Hathcox

ISMS PRESIDENT-ELECT SANDRA OLSON, MD (left), discusses health care issues with U.S. Rep. Michael Flanagan (R-Chicago) Sept. 27 during a meeting on Capitol Hill. Also meeting were IMPAC Chairman Jere Friedheim, MD (right), and U.S. Rep. William Lipinski (D-Chicago). The meetings were part of the Society's Washington Presence program and were held in conjunction with AMA meetings.

Psychiatrists ask court to reconsider shock therapy ruling

[CHICAGO] The Illinois Psychiatric Society is asking the Illinois Appellate Court to reconsider a Sept. 7 ruling that said a trial court erred in authorizing electroconvulsive therapy for a ward of the state. IPS objects to a paragraph in Justice Sheila O'Brien's opinion, because it misrepresents ECT, according to Barry Miller, a partner at Chicago's Miller, Shakman, Hamilton, Kurtzon & Schliske, who is representing IPS.

"We are asking the court to withdraw the paragraph that incorrectly describes ECT. We're not expressing a view as to whether or not the patient should have received ECT ... we're saying ECT should be described accurately," he said.

The case began in November 1993 when Patrick Murphy, Cook County public guardian, filed an emergency petition seeking authorization to consent to ECT for 81-year-old Lucille Austwick,

who was experiencing chronic depression and dementia and who allegedly refused to accept medication, nutrition and hydration. The trial court granted the petition. But the appellate court overturned that decision, saying a guardian can consent to ECT for a ward but must prove "by clear and convincing evidence that the ward lacked the capacity to make a reasoned decision" about ECT. A guardian also must show the treatment is in the patient's best interest, which Murphy failed to do, the opinion said.

The paragraph IPS is challenging reads: "In light of the substantial risks associated with ECT, such as fractures, memory loss, confusion, delirium and death, and the fact other treatments with no such risks were available, we find the trial court's determination that ECT was in Mrs. Austwick's best interests manifestly erroneous. Accordingly, we reverse the trial court's order granting the Public Guardian's petition to consent to ECT for Mrs. Austwick."

"Our concern, and what the rest of medicine and the scientific community should be concerned about, is that the decision was made without [the court] hearing any scientific evidence," said IPS President Daniel Luchins, MD. Nor was

any such evidence submitted in writing, he noted. "If the court had come to that conclusion based on the presentation of scientific evidence, I don't think we could have objected. But clearly, [the court] is making decisions based purely on lay people's judgments."

"There is no substantial risk of death, fractures or serious side effects from proper use of ECT, while untreated depression frequently leads to suicide. Many studies by the American Psychiatric Association and other national and international scientific bodies have shown that ECT is a safe and effective treatment for certain patients when used within established guidelines," IPS' official statement on the decision said.

Summing up IPS' goal, Miller said: "We hope to ensure patients who need ECT will get access to the treatment; to ensure the incorrect description of a well-accepted, safe and effective procedure is removed from the court's opinion; and to remind the court of the importance of basing medical opinions on science and not fiction or anecdote."

ISMS filed a motion to become an amicus and an amicus brief in support of IPS' motion for intervention and rehearing, ISMS legal counsel said. ■

Practice Management Advancing the State of the art

PCN® HEALTH NETWORK™

Information System

Today's provider must communicate with many healthcare organizations. The PCN Health Network information system does more than practice management; it can connect the provider to many:

- Managed Care Plans
- Clinical Laboratories
- Other Providers
- Financial Institutions
- Hospitals
- Insurance Carriers
- Pharmacies
- and more . . .

The PCN Health Network information system offers today's connectivity and a vision for tomorrow's Healthcare Information Highway.

contact:

SARVASYSTEMS

An authorized independent PCN Reseller

Telephone: (708) 827-9400
Facsimile: (708) 827-9405
1111 E. Touhy Avenue, Suite 410
Des Plaines, Illinois 60018

Physician Computer Network and PCN are registered trademarks and PCN Health Network is a trademark of Physician Computer Network, Inc.

AHA releases results from long-term heart disease study

[CHICAGO] The American Heart Association in June released the results of its largest and most comprehensive study on heart disease. It covered more than 20 years of research and follow-up on 40,000 male and female participants from 81 businesses in the Chicago metropolitan area, the AHA said.

By tracking the effects of major risk factors like high blood pressure, smoking and high cholesterol, the study validated discoveries about heart disease that are widely known today. The results also highlighted the possibilities for preventing heart disease and premature death.

"A great deal of effort by many people went into the screening of such a large group and then finding out what the future held for individuals with high coronary risk and low risk," said Jeremiah Stamler, MD, a professor at Northwestern University Medical School and a chief researcher on the study.

"This study confirms many of the advances in heart disease research that

have been made in recent years, but its true significance is in its scope and length of time the participants were observed," said Vincent Bufalino, MD, president of the metropolitan Chicago chapter of the AHA. The results show the importance of changing potentially destructive behaviors like smoking, he added.

The main part of the study was conducted from 1967 through 1973. Researchers screened participants aged 18 to 74 from various backgrounds for coronary risk factors.

For more than 20 years after the screening phase was completed, researchers monitored participants' vital signs and gauged how their level of risk affected their chances of dying from heart disease, stroke and other related causes.

In 1993, roughly 41 percent of all deaths in the Chicago metropolitan area were caused by cardiovascular diseases, almost double the number of deaths caused by cancer, AIDS and all accidents, according to AHA statistics. ■

Inner-city institute strives to improve children's health

COMMUNITY CARE: Programs aim to remedy medical and social problems on Chicago's west side. BY KATHLEEN FURORE

[CHICAGO] When Robert M. Levin, MD, arrived at Mount Sinai Hospital Medical Center in July 1994, he was a man with a mission: to bring relief and hope to the children in the impoverished neighborhoods served by the hospital.

That mission gave birth to the Sinai Children's Health Institute, a collaboration between the hospital and other groups and organizations. The institute is dedicated to improving children's physical and mental health through programs that address preventable child health problems in the community, said Martha Ferguson, institute director.

"It makes doctors feel they're doing double duty — twice the good with their lives — when they're providing excellent health care for the neediest segment of our society," explained Dr. Levin, chairman of Mount Sinai's department of pediatrics and president of the new institute. "We're all interested in making the health care world better. And you can't make the health care of a child better without addressing other issues."

"I challenge you to find a community problem that doesn't have a health consequence," Dr. Levin continued. He cited violence, gangs, poverty and substandard housing as examples of problems the institute tackles.

Data from Mount Sinai and the community were reviewed during an initial assessment in early 1995, Ferguson said. "We looked at things like hospital discharge data, reasons for hospitalizations, emergency room visits, infant mortality rates, high school attendance and drop-out rates, and the incidence of HIV, TB and sexually transmitted diseases," she explained. "We wanted to get a picture from several layers of the health problems of the community in general and what kids were being admitted for specifically."

Since its inception, the institute has focused on such local problems as asthma. Education classes for parents and children are offered because the initial assessment revealed a high number of hospital admissions for pediatric asthma. The institute also has applied for a grant to develop what Dr. Levin called a massive preventive asthma program.

After discovering that more than 1,000 students were out of compliance with their immunizations last winter, the institute began working with District 4 schools to provide vaccines and school physicals, Ferguson said. "We took providers and gave immunizations on-

site. And that became a collaborative effort with the schools and other hospitals and providers to do health fairs where we give immunizations, offer information on head lice, lead poisoning and nutrition."

The institute is collaborating with the

Lawndale Christian Health Center to launch the Home Instruction Program for Preschool Youngsters, a national program that trains parents to work with preschoolers at home. "It's kind of a home-based Head Start program, Ferguson explained.

In conjunction with the Chicago Department of Public Health, the institute is working on a grant geared toward preventing lead poisoning. In addition, the institute is developing a violence-prevention program, which will be partially funded by a Polk Brothers challenge grant.

Also under way is the pursuit of fund-

ing for health care education and career mentoring programs at Eli Whitney Elementary School. "When we see these kids grow up and become residents in training in our residency training program we'll know we've achieved and changed a lot," Dr. Levin said.

To help the community, the institute will try to hire local residents to help run the programs it develops. "We'll look for opportunities to hire community members to work on the asthma program," Dr. Levin said. "We're interested in working with the community. But we're teaching the community how to fish instead of giving fish to the community." ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

BLUE CROSS BLUE SHIELD OF ILLINOIS PRESCRIPTION DRUG FORMULARY UPDATE

Illinois physicians are encouraged to note the following changes that have been made to the BCBSI Outpatient Prescription Drug Formulary, as a result of the third quarter meeting of the Pharmacy and Therapeutics Committee. These changes, as well as those made in earlier meetings this year, will be reflected in updated and reprinted Formulary pages that will be distributed in early 1996.

Losartan (Cozaar), the angiotensin II receptor antagonist that is closely related to the ACE inhibitors, has been added to the formulary, due to its proven efficacy in treating hypertension and its favorable adverse effect profile. However, due to its substantially greater cost (approximately double that of ACE inhibitors), its use is recommended primarily for patients that require alterations in their renin-angiotensin system for disease control but who cannot tolerate ACE inhibitors. The combination product Hyzaar (Losartan - HCTZ) has not been added to the formulary.

The new oral hypoglycemic agent **Metformin (Glucophage)**, has been added. It has well-established efficacy and a different mechanism of action than the sulfonylureas. Due to its significantly higher cost, however, it is recommended as a second line or add-on agent to the oral sulfonylureas.

The general therapeutic classes of inhaled and intranasal corticosteroids were also reviewed. Although no changes have been made to the included inhaled products, the use of spacer devices with them is strongly encouraged. They may require a separate prescription, but substantially improve drug delivery and efficacy. With respect to intranasal steroids, two products have been added: **Budesonide (Rhinocort)** as it is the lowest cost product in the class, and **Fluticasone (Flonase)** as it is a once daily preparation.

Finally, with respect to the class of antidepressants, the new agent **Nefazodone (Serzone)** has been added. The agent has a different spectrum of side effects from the tricyclics, and similar efficacy. As such, it has a role in patients intolerant of tricyclic agents. In addition, its monthly cost is slightly less than that of the SSRI agents (Paroxetine, Fluoxetine, and Sertraline).

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 21, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISM. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois Medicine

VOLUME 7, NUMBER 21

OCTOBER 20, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD PRESIDENT
 Ronald G. Welch, MD CHAIRMAN OF THE BOARD
 Alexander R. Lerner EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman
 Edmund Donoghue Jr., MD Silvana Menendez, MD
 Richard A. Geline, MD Sandra F. Olson, MD
 Raymond E. Hoffmann, MD Janis M. Orlowski, MD
 Jane L. Jackman, MD Scott Reid, DO
 Harold L. Jensen, MD Erlo Roth, MD
 William E. Kobler, MD Sylvia Eberle, Alliance

Illinois Medicine Staff

EDITOR, Lynn Koslowsky; EXECUTIVE EDITOR, Tamara Strom
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

A life-and-death decision

Most people see the need for a legal will as a way to distribute their assets as they wish. Yet more than two-thirds of Americans do not have living wills to instruct a health care team about their wishes for lifesaving measures, even though almost three-fourths think the document is important, according to the AMA.

Public interest in advance directives, which combine living wills with durable power of attorney for health care, may be based on current events. For instance, the Nancy Cruzan case generated considerable attention. She was a 25-year-old who lost control of her car and failed to regain consciousness. Cruzan remained in a state hospital for seven years while her life was sustained by artificial nutrition and hydration, despite her family's wishes to discontinue treatment.

The Missouri Supreme Court granted the family's request after two former coworkers verified Cruzan's wishes. In the month after the ruling, the Society for the Right to Die logged 300,000 requests for advance directive forms.

The Cruzan case proves that young and old alike must address this issue. And the need for advance directives has never been greater. Today we have access to more life-sustaining treatment options than ever, and patients should make a conscious, reasoned decision about them. People tend to think of advance directives as primarily preventing the use of heroic measures in end-of-life care, but they can also be used to document the

desire for maximum efforts to sustain life.

ISMS, in fact, was a driving force behind the Illinois Health Care Surrogate Act, and played a key role in passing the Illinois Power of Attorney for Health Care law and the Illinois Living Will Act.

A Gallup poll and an AMA poll showed that about 75 percent of respondents said it was important to have an advance directive. So why the low 32 percent who actually have living wills?

Some people may be confused about the difference between living wills and power of attorney, so they do nothing. Also, when patients are admitted to the hospital, they may receive information about advance directives mixed in with other material, making it difficult for them to absorb and act on it. And a study published in JAMA this year said physicians don't always address advance directives with patients because the documents are inaccessible.

Help is available. ISMS offers "A Personal Decision," which provides a living will and a health care power of attorney form in conformity to Illinois law. It can be ordered by calling (312) 782-1654 or (800) 782-ISMS, ext. 1221. The AMA – along with the American Bar Association and the American Association of Retired Persons – has a patient guide that combines a living will and a health care power of attorney into one document.

Real patient advocacy requires us to help our patients plan their health care so that we will know what they want when they can't speak for themselves. ■

PRESIDENT'S LETTER

What is Washington doing to us now?

Raymond E. Hoffmann, MD



The main responsibility of the president of the Illinois State Medical Society is to tell the world what we as physicians stand for and what we want for our patients. That message is often ignored, but the telling must go on. We just have to make sure that the deaf ears don't belong to those people who need to hear. One such group is Congress.

In late September, the AMA held its annual political action committee conference in Washington, D.C., and a number of physicians from Illinois attended. It just happened that the conference, scheduled many months ago, occurred on the first few days after Republican House members announced their bill to revamp Medicare. That put us in Washington at the perfect time to read, understand and ask questions about it. We then went to our representatives and told them what we thought.

Will this bill offer patients a choice of physicians and health plans? It will. Will it offer health saving accounts? It will. Will it cut money out of Medicare? It will decrease the growth of Medicare, but more money will be spent on our seniors each year. Will it ever become self-funding? No, the premiums charged will account for only 31.5 percent of the necessary money. Will there be means testing? Yes, the more affluent will have higher premiums. What will happen to the multiplier? Under this bill, there will be only one conversion factor to apply to RBRVS. There will be no more differentiation between primary care, surgical services and other services.

Boy, all this sounds quite good. Are there any surprises? I thought there were some friendly provisions coming from a city that hasn't been very kind to us lately. There is the House version of lawsuit reform in the Medicare bill, including a \$250,000 cap on awards for pain and suffering. I hope this time it will receive a positive hearing

in the Senate. There is relief from CLIA for individual physician offices. I think it is a terrible waste of money and effort for my office to have to register to do only one test, a stool guaiac.

Most important for the future, the House bill contains provisions for physician-sponsored-networks, or PSNs. This is the start of the antitrust relief we need to be able to compete on a quality basis with the large insurance-company-sponsored plans. On several of these issues, we will face heavy opposition.

What about the negatives? Well, there are some. One of the most onerous ones is the look-back provision. All the expenditures will be lumped into categories, with all physicians being in a separate category. Each year the secretary of the Department of Health and Human Services will look back, and if the category expenditures were too high, the conversion factor

can be lowered for the next year. That means that if there is growth resulting from an uncontrolled event such as an epidemic, the expenditures in that category will be controlled again on the backs of physicians.

So what is Washington doing to us this time? This year we have input into the process of the reform of part of the health care system. The speaker and representatives are asking for our help and listening when we answer. Meetings are taking place daily, and the bill changes daily. We will not like all the provisions of the overhaul of Medicare, but as a compromise position, the House bill is a good start.

We need to learn about issues like Medicare reform. We need to let our elected officials know what we think and why we think they should agree with us. Members of Congress can do only what we as citizens will let them. ■

*This year we have input
into the process.*

GUEST EDITORIAL

When medical treatment is futile

By Kenneth Prager, MD

Reprinted with permission of the Wall Street Journal © 1995 Dow Jones & Co. Inc. All rights reserved.

A Massachusetts jury's recent decision in a civil case will profoundly affect the practice of medicine in this country. The jury decided that doctors can ignore the wishes of a patient and refuse to provide treatment that they consider futile. Until now, doctors in such situations have either gone against their better judgment and continued providing what they felt was pointless treatment, or have withheld or modified such care without their patients' knowledge.

The case involved a 72-year-old woman in the Massachusetts General Hospital who had multiple medical problems, was comatose and brain-damaged, and was being kept alive on life support systems. The daughter insisted that doctors continue to keep the woman alive, as this had been her mother's wish. The doctors refused to honor the request because they claimed that the treatment was futile. They removed the woman from the ventilator, and she died shortly afterward.

The daughter sued the hospital and the case was tried in April in the Superior Court of Massachusetts. The jury found the hospital and two of its doctors not guilty of neglect. It was the first time that a court had exonerated doctors who were sued because of failure to provide treatment that a patient wanted.

The jury's decision addressed a long-standing problem that has become more acute as medical technology has become increasingly capable of prolonging not only life, but the process of dying. Until the jury rendered its decision, there were virtually no limits on what patients and their families could request of doctors, even when the medical outlook was hopeless.

There are a number of problems with this absolute right of patients to unlimited care. First, scarce critical-care beds are often occupied by patients for whom there is no chance of recovery. Second, the cost of such care is not insubstantial at a time when this country's trillion-dollar health care budget is being aggressively trimmed wherever possible. Third, it is demoralizing for doctors and nurses to continue to render heroic care to patients who are dying. While there are sensitive ethical issues involved in termination or curtailment of medical care, there are also ethical issues involved in subjecting moribund patients to treatments that are painful and disfiguring. In these cases, doctors play not God, but Satan.

There is, however, a real danger with the Massachusetts jury's decision: In the current climate of cost consciousness, and with for-profit HMOs controlling the medical care of more than 50 million Americans, the verdict could embolden doctors, hospitals and HMOs to widen the concept of futility and thereby justify withholding treatment of many patients whose chances for survival are marginal but whose cost of care is not.

To prevent an epidemic of inappropri-

ate terminations of treatment, we must carefully restrict the definition of futility to those unconscious patients who have no chance of leaving the hospital alive. This strict definition will not satisfy cost-containment zealots who would broaden the definition of futility to involve such issues as quality of life. It will also displease those who feel that every second of life is worth preserving no matter how imminent death is, and regardless of the suffering involved.

For most patients and doctors, however, this definition of medical futility is reasonable. If, regardless of treatment, there is no chance that a comatose patient will leave the hospital alive, then further aggressive care should be considered futile. A patient so designated would certainly not have all care terminated, but "heroic" measures such as ventilators, dialysis or potent intravenous drugs that maintain blood pressure, could be withheld or discontinued.

It should be stressed that in a significant majority of instances, doctors, patients and family members agree on the use or avoidance of such measures. When physicians communicate with patients and their families and approach them with empathy, compassion and tact, conflict is uncommon. There are, however, cases when families insist that "everything be done" regardless of the fact that the patient has no chance of surviving the hospitalization. The Massachusetts verdict should be reserved for these cases only. It should not be applied to instances where the quality of life is an issue.

For example, the definition of futility should most certainly not be applied to comatose patients who can survive for long periods with supportive care. To do so would be to start sliding down the slippery slope of explosive and arbitrary judgments as to what constitutes "useful" or "quality" life.

It is not coincidental that the issues of withholding medical treatment in cases of futility and of doctor-assisted suicide should be in the forefront of public debate at the same time. Although those who support the rights of patients to assisted suicide and those who advocate unlimited patient entitlement to medical care even in the face of futility are from opposite ends of the medical ethics spectrum, they both have something in common — the assertion that patients have unlimited rights in what they can demand of the medical profession.

In fact, patients should not have such absolute rights. There is a higher moral code that dictates that the sanctity of life takes precedence over the demands for physician-assisted suicide. Likewise, respect for the dignity of a dying person and acknowledgment of the inevitability of death demand that the patient be allowed to expire without futile and disfiguring assaults on his body. Physicians should have no part in either activity. ■

Dr. Prager is chairman of the medical ethics committee at Columbia Presbyterian Medical Center in New York.

LETTERS

It's not the guns

I would like to answer your guest editorial "It's the guns, stupid" by Joan Beck (Aug. 11 issue). First, let me say that I totally agree with her and all others who deplore violence and who want it to stop. My home and office have been burglarized twice. But I do not agree at all that the cause is guns. Guns are a method of creating violence but certainly not the cause. Although the leading cause of death in children under 5 is child abuse, their deaths are not caused by guns.

More people in the United States are killed by car accidents than by guns, and in two-thirds of those car accidents, alcohol or drugs were factors. Do we make vehicles illegal? Do we make alcohol illegal? We tried it, then legalized alcohol again.

To eradicate a problem, you must first find out its cause. Then by eliminating the cause, you solve the problem. When we want to eradicate an airborne disease we attack the airborne bacteria, not the air. The problem is not the guns, it is society and humanity. With laws and education,

we can try to change the outward manifestations of behavior, but we cannot and do not change the inward motivation of the individual. How do we outwardly change behavior? By rewards and punishments.

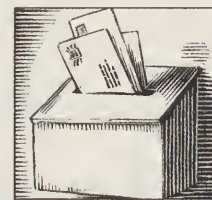
The problem in the United States and in the world is that rewards and punishments are not applied correctly, systematically or consistently. In fact our justice system, run by the despicable leeches of our society — lawyers — punishes the victims and rewards the perpetrators.

How then can anything change? Criminals will not stop committing crime by being educated. Instead they need to change their motivation. The question is, How do you change the mind so the mind changes behavior?

That is the question and the hub of the matter. No, it's not the guns, stupid! The answer is to change the individual, one by one, and when all are changed, the world will be changed.

— E.J. Aragona, MD
Alton

Illinois Medicine reserves the right to edit all letters.



Want to Increase Your Patient Base?

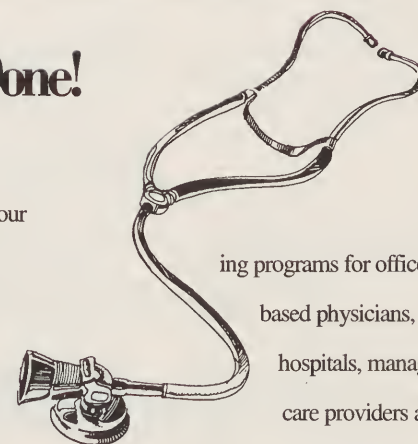
We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you.

Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-

ing programs for office-based physicians, hospitals, managed care providers and

medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708-747-7701

Specialists in Health Care Marketing

Watch for
coverage of risk
management
issues in treating
nursing home
patients

ISMIE Update

HIV misdiagnosis cases surface

CHARGES: Patients mistakenly diagnosed are suing physicians. BY KATHLEEN FUREORE

[WASHINGTON] In a case a defense attorney said will have a chilling effect on physicians, a patient mistakenly diagnosed with HIV was awarded \$4.1 million by a Washington, D.C., jury in late June. *Machessney vs. Bruni* is the most recent of dozens of cases patients have filed nationwide seeking damages for the emotional and sometimes physical distress they say they have suffered because of a negligent HIV or AIDS diagnosis, according to a case summary in the Aug. 7 issue of the *National Law Journal*.

The plaintiff, Larry Machessney, sought treatment from AIDS specialist Larry Bruni, MD, after he was diagnosed with HIV twice in 1985. He began a regimen of AZT and other medications, and suffered side effects including stomach pains, diarrhea, weight loss and distress, the story explained. But when he entered an experimental program another physician was running in 1992, he was retested and found to be HIV-negative. He then filed suit against the lab that tested his blood and the physician who treated him with AZT, the story said.

Dr. Bruni's attorney, Dan Cotter of Cotter, Fiscella and McConnell in Fairfax, Va., has filed post-trial motions, contending the standard of care in 1985 did not require retesting. "The plaintiff's attorney is arguing that the concept of retesting, which has only recently been developed, should have been applied," Cotter explained. "But that's like saying laparoscopic surgery, which is done in 1995, should have been done in 1965. It's using a retro-scope. At that time [when the patient's HIV was diagnosed], the ELISA test was the gold standard. It is an evolving standard of care."

The ELISA was the first FDA-licensed screening test for HIV. The Western Blot test, a confirmatory procedure, was introduced in 1987. "Between 1985 and 1987, technology continued to tweak the tests to increase the accuracy [of diag-

nosis]," said Cotter. "Many of the cases you're seeing now surfaced during that period."

Lawsuits related to false-positive diagnoses are in the second wave of cases involving HIV, Cotter said. "The first cycle of HIV-related cases dealt with transmission. There are a number of them that came before ELISA, but there are many fewer of these cases after ELISA. The second wave deals with false-positive cases similar to the one in D.C. The patient, for one reason or another, tests positive for HIV when he [or she] doesn't have it."

REASONS FOR FALSE-POSITIVE test results vary, according to Cotter and Steven J. Mitchel, a plaintiff's attorney at Miami's Mitchel & Associates P.A. "There is such a thing as a true false-positive. It can be caused by multiple pregnancies, some childhood diseases including mumps, a flu shot or recovery from a severe case of the flu. The percentage of these things in the [medical] literature is very low, but they do exist."

"Some viruses carry some of the same bands as HIV, so if they're present when a patient is tested, it would show positive," Cotter echoed.

In addition, the Western Blot test is subjective, noted Mitchel,

who is currently handling more than 20 HIV misdiagnosis cases. "A lab tech takes blood, mixes it with a chemical solution, puts it on paper, and banding patterns appear. Then the tech takes a sample test strip and uses it as a base to determine if the bands on the patient's [test] are darker or lighter than those on the test strip." Problems arise because the shades can vary and because no standard exists for interpreting tests, he added.

"Say a lab tech looked at the test in Miami near a window with light streaming in and saw it one way. The same tech could look at the test in the winter in Minnesota and see it differently," Mitchel said. "There is a lack of uniformity and a recognized standard for calling a test positive. Some say it's two of six bands, some say three of six. It's kind of like being a little bit pregnant — either you are or you aren't."

The fact that some technicians label tests positive when they are unsure of a reading also increases the risk of misdiagnosis. "We've had lab techs testify that if it's a close call, because it is such a serious disease, they'll err on the side of calling the test positive," Mitchel said.

Mitchel thinks cases involving HIV misdiagnoses are likely

to increase in the next five to seven years because the disease and diagnostic tests are relatively new. "We're not to a point where there has been sufficient time between when a patient was tested and [when] a lightbulb goes on that says, 'I have no symptoms, maybe I should be retested.'"

Mitchel represented the plaintiff in the first misdiagnosis case that ever went to trial. The 50-year-old woman, who gave up custody of her children and made plans to commit suicide after a mistaken HIV diagnosis in 1991, was awarded \$600,000 in 1994. He said more cases probably will arise because HIV-negative patients taking AZT and other drugs can develop symptoms associated with full-blown AIDS.

But Cotter believes lawsuits involving false-positive diagnoses will "go by the wayside" thanks to advancements in testing procedures. The probability of accuracy when the ELISA and Western Blot tests are used in combination, which is standard practice today, is between 99.8 percent and 99.9 percent, he said.

The Florida Supreme Court recently ruled that misdiagnosed patients cannot recover damages unless they have been taking AZT or other medica-

tions for HIV or AIDS, according to Mitchel. Still, physicians should take steps to ensure patients are not diagnosed with or treated for a disease they do not have, the attorneys said.

"If a patient remains asymptomatic for an unusually long period of time and doesn't otherwise fall into a high-risk category, it should send up automatic red flags. You should retest that patient to be sure you're not treating a non-HIV-infected person," Cotter said.

Mitchel advised physicians with HIV-positive patients to be up-to-date about the virus. "People trust their health care providers, and health care providers don't understand the flaws with the test. Take additional time to understand all that's going on, analyze their complete medical history and make sure you have an accurate diagnosis." Some of his clients sought second opinions from physicians who never retested them. "A second opinion doesn't mean rereading [a test] — it means retaking it," he noted.

Cotter, however, cautioned against retesting every patient diagnosed with HIV or AIDS. "I think when you're giving a second opinion or advice, you have to look at the big picture — figure out when it is medically appropriate. If you retest 30 percent of HIV-positive patients regularly, it will add millions to medical expenses. Expectations would be raised falsely, and it would add to the cost [of medicine] with not that much payback." ■

MALPRACTICE ROUNDUP

Court rules on statute of limitations

An Illinois appellate court ruled in March that the statute of limitations period will never expire for permanently disabled minors, according to the June issue of *Medical Malpractice Law & Strategy*. The ruling in *Clark vs. Han* reversed a trial court's decision to dismiss a medical malpractice case filed on behalf of a severely mentally disabled 16-year-old plaintiff, the case summary said.

Although the Illinois Code of Civil Procedure states that claims on behalf of children under 18 must be brought no more than eight years after the alleged malpractice, the court ruled that the period of limitations does not start until the disability is removed. The court also noted that the limitations period would never begin in this case because the plaintiff had been disabled since birth, the article said. ■

Woman wins \$1.1 million from CCH

A Florida woman who suffered permanent brain damage at Cook County Hospital in 1987 was awarded \$1.1 million in a settlement approved by the Cook County Board on July 31, according to a story published in August in the *Chicago Tribune*.

The patient, who was visiting her aunt in Chicago, went to CCH's emergency room in false labor. She returned three days later, experiencing labor and seizures. She delivered a girl but lapsed into a coma and suffered brain damage before regaining consciousness more than one week later, the story explained.

The suit contended the physicians who treated the woman should have diagnosed preeclampsia when she first presented in the ER, the article said. ■

ISMS holds symposium

(Continued from page 1)

board authorized an in-depth MSO business planning process and established a committee of six physician leaders to oversee the development of the business plan. That committee recently approved a conceptual business plan, which was approved by the board Sept. 16.

The theme of seizing the reins of change was woven throughout the symposium through case studies presented by physicians who have successfully led physician-owned managed care organizations.

The best way for physicians to obtain managed care contracts is by excelling at their fundamental business, said Robert Swanson, MD, president of the Alta Bates Medical Group, an individual practice association in northern California. "And what is our business? We are physicians. The 'widget' we make takes place in the midst of the interaction between the doctor and the patient, so that interaction has to be the best. The customer comes first - don't forget the patient. That interaction has three parts: cost, quality and service.

"As physicians, we shy away from thinking of ourselves as businesspeople," he continued. "But remember, our business is now in managing the risk of a community of patients. While this may seem alien to you now - and I know that it certainly did to me and my group a few short years ago - the name of the game is assuming risk."



Dr. Welch

The Alta Bates Group was created in 1983, began working with hospitals in 1985 and began accepting capitated contracts in 1988. Several years later, the group integrated with other physician groups. Most recently, Alta Bates joined with neighboring IPAs to form the Bay Areawide IPA, Dr. Swanson said. "It would be as if medical groups from all over Chicago and surrounding areas joined to form a single entity."

In Illinois, some physician groups have already developed successful managed care groups, Dr. Welch said.

One such group is Carle Clinic, a physician organization in Urbana. "We were a little worried that we would become a dinosaur, so in the late '70s we took some steps to adapt," said Jack Pollard, MD, vice president of medical affairs for the Carle Clinic and the Carle Foundation. "Physicians must be active in deciding what to do about managed care and just do it. The two major things [we did] were to develop branches in our market area and to develop a managed care health insurance company that the

doctors owned. Carle Clinic is for-profit and is owned by physicians and works closely with the Carle Foundation, which is not-for-profit."

Although maintaining a balance between cost-effectiveness and quality patient care can be challenging, Dr. Pollard said Carle has done it, and others can, too. Physician communication is the key. "We have all learned by talking [to one another] about how to treat [clinical] cases, so you just add the economic side to it. If a physician is 20-percent more expensive than his colleague, [through communication], he or she will begin to figure out why and how to

improve. If the physicians will talk to one another, then everybody learns. Even the most-expensive physician gets a lot better [at cost containment], and the least-expensive physician improves [in quality of care]."

The Evanston-Glenbrook Physicians Association is an IPA developed three years ago by Harry Jaffe, MD, and two other physicians. "This is the kind of meeting that insurance companies and hospital administrators [have and] do not want doctors to come to," said Dr. Jaffe, in describing their first meeting.

Dr. Jaffe's IPA began by establishing guidelines and concepts that would be

sacred to the group, he said. For instance, they decided on a doctor-owned and doctor-run organization. Next, they agreed to take out a loan for up to \$10,000 per member physician. "We wanted to finance ourselves and not be hospital-financed, so the hospital [wouldn't] own us. The biggest myth is that it takes millions of dollars to start a physician IPA," Dr. Jaffe said. It doesn't, but maintaining the practice properly does cost money, he added. "[However], there is no reason why you can't do it if you do it right."

Watch for more coverage of the ISMS symposium in your next issue. ■

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - *Nation's Business*

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - *Linda Picazio, Florida*

"New source for best buys in insurance. One way to get to know the market..." - *Kiplinger's Personal Finance*

"Quotesmith keeps a database of about 350 insurance companies." - *Good Housekeeping*

"Quotesmith offers particularly thorough searches" - *Los Angeles Times*

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - *Forbes*

"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - *SmartMoney*

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - *Money Magazine*

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - *all sorted by lowest cost. Call 24 hrs. per day.*

Quotesmith

Insurance price comparison service

1-800-431-1147

Enlarged heart muscle may increase risk of death

RESEARCH: Left ventricular hypertrophy raises red flag. BY KATHLEEN FUREORE

[CHICAGO] A person with an enlarged heart muscle is two-and-a-half times more likely to die during a five-year period than someone without that condition, according to a recently published study from the Loyola University Medical Center. The condition, left ventricular hypertrophy, is primarily associated with high blood pressure. It is more prevalent in African-Americans, possibly because they have a greater incidence of high blood pressure, said researchers.

The study followed 1,089 African-Americans who were enrolled in Cook County's Heart Disease Registry and received diagnostic heart evaluations at Cook County Hospital between 1983 and 1991. LVH was the cause of death in 37 of every 100 mortality cases, the study showed. Other heart diseases caused death in the study participants less frequently. For example, coronary artery disease involving more than one heart vessel accounted for 22 of every

100 deaths, the researchers reported.

"Our study results raise a red flag indicating LVH may pose a greater risk than originally thought," said Richard Cooper, MD, chairman of Loyola's department of preventive medicine and epidemiology. "The presence of LVH was associated with a mortality risk 50 percent greater than that for coronary artery disease."

The mortality risk associated with LVH and the condition's prevalence in

African-Americans probably accounts for much of the decreased survival rate among African-Americans who have symptomatic coronary artery disease, the researchers said.

However, long-term high blood pressure is associated with damage to other organs as well as the development of LVH and other heart-related problems. So LVH alone may not be the only or even the primary factor for increased risk of death, the researchers said.

"At the present time, the best means of reducing the risk of LVH is to prevent its occurrence through control of hypertension at its earliest stages," Dr. Cooper said in the study results. ■

THIS DOCTOR ISN'T JUST KEEPING UP. HE'S GETTING AHEAD.

This doctor has discovered what thousands of doctors already know: that one of the best ways to stay current is to subscribe to **AUDIO-DIGEST.**

Every year, Audio-Digest travels thousands of miles, to bring the best of the best—more than 350 of the top speakers and presentations in 13 specialties—directly to you. So you can listen when **YOU** want. It's the easiest and most cost-efficient way there is to benefit from and gain credit for your Continuing Medical Education.

Best of all, you set your own time and place to listen—whether it's at home, in the office, or out on the road. Which means you can keep up with more than just your medical education.

Call **1-800-423-2308** for your no-risk
FREE SAMPLE CASSETTE today. AND FIND OUT JUST HOW
EASY IT CAN BE TO GET AHEAD.



Audio-Digest Foundation®

All medical courses are planned and produced in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Essentials. Program tapes are presented by Audio-Digest Foundation, a subsidiary of the California Medical Association. The California Medical Association is accredited by the ACCME to sponsor continuing medical education for physicians.

Each Audio-Digest program is approved for up to 2 hours of Category I credit, and may be applied toward the American Medical Association's Physician's Recognition Award and additional credit where designated by qualified boards and associations, including being acceptable for 96 hours annually of prescribed credit by the American Academy of Family Physicians. 0649

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital
 **Advocate**

TRADITIONAL MEDICINE

The good old days still exist in small-town practice

The benefits of the lifestyle in a smaller community aren't a thing of the past.

By Helene Berlin

When other doctors said, 'Don't go home to practice,' I thought, How do they know? They never went home to practice." But Michael Brummer, MD, did go home to practice – in Effingham, 15 miles from the town in which he was raised. And he hasn't regretted it once since his homecoming in 1988. Like other young physicians, he purposely sought the quiet life of a small rural community. And so did many older physicians who are now moving toward the end of their careers, many having seen 50 years of practice and significant change.

"When I started practice, I had \$1.35 in my pocket. My Army pay kept us alive," recalled George Mitchell, MD, who practices in his hometown of Marshall and whose career spans half a century. "But I'm glad we came back here and started a practice because it has been very interesting."

Older doctors and their younger counterparts share a love of the small-town lifestyle. "There's no crime, and it takes me 1.5 minutes to drive to work," said Larry Jones, MD, who has practiced in Harrisburg since 1979. "Although we do work a lot, the perception on the part of the public and perhaps medical students is that small-town doctors work night and day. It's just not true."

Lawrence Jennings, MD, of Mt. Carmel, has been able to go home mid-day to see his family since he opened his practice there in 1984. Although he can

take only five-day vacations and he works both Saturday and Sunday mornings, his commute is enviable. "It's three minutes – and that's during 'rush hour.'"

Having grown up on a farm, Dr. Brummer appreciates that after a long day, he can go home to his own farm, where he raises breeding stock. "It's the lifestyle I want. It keeps me honest and normal."

Beyond lifestyle differences, an internist's practice in a town like Mt. Carmel is different from one in a city like Chicago, Dr. Jennings explained. "You have to have more general skills. You can't just send every earache to an ENT."

For the older generation, practicing in a rural area or a small community meant working six- or seven-day weeks, beginning 18-hour days with hospital rounds, seeing as many as 50 or 60 patients, making house calls and driving on bad country roads. Over the years, those physicians have accumulated house calls and infant deliveries in the thousands. A 40-year general practitioner in Coulterville, Orlan Pflasterer, MD, said he has "worn out three black bags," and he still makes four or five house calls per week.

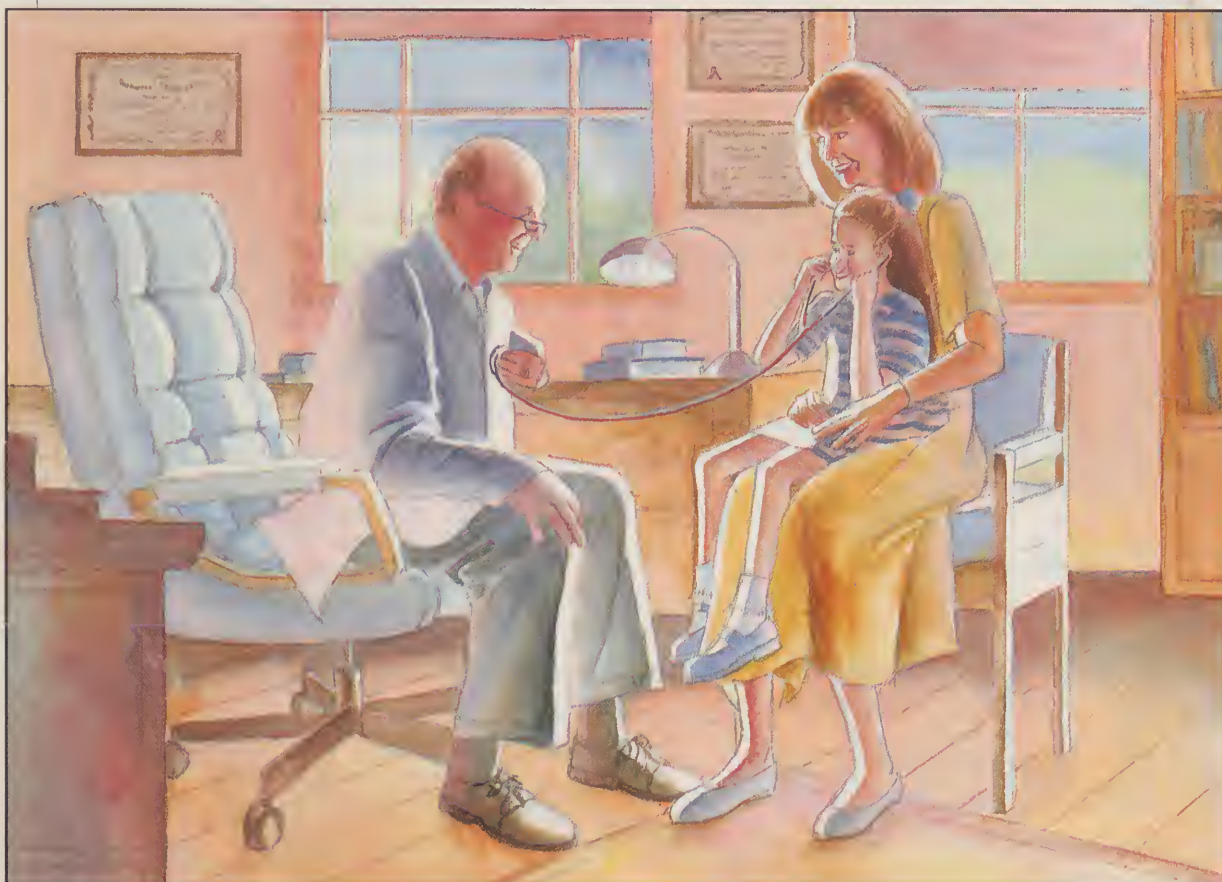
Sometimes, though, when doctors burn the midnight oil in small towns, they may be in their office doing paperwork – like their urban colleagues. When William Tortoriello, MD, of Harvard, began practice 14 years ago, he spent about 30 percent of his time on paperwork and 70 percent seeing patients. Now, the ratio has flipped. "We keep patients down to 25 a day just because of the paperwork," he said.

Still, Dr. Tortoriello knows he doesn't face the extremely long hours older physicians used to work in rural areas. "One of my predecessors saw up to 90 people a day and delivered thousands of babies, but he hardly saw his family and missed the deliveries of his own kids," he noted.

"That was the bad part of it – it took a toll on family life," Dr. Mitchell said. "I thought patients came ahead of everything. Today, doctors want time off, and they should have time with their families."

Lowell Massie, MD, who practiced in Toledo for 52 years, had one requirement that helped balance the long hours: "My philosophy was, in order to see [my] family, I would insist on two to four weeks of vacation a year."

(Continued on page 10)



The good old days

(Continued from page 9)

Of course, clinical advances have improved practice everywhere, including in small towns. During the early years of Dr. Mitchell's practice, diagnoses depended on "what you could see and what you could hear in the patient's history," he said. "Diagnoses were clinical and pretty accurate, but there was a limitation on how far they could go."

If some of today's resources had been available in the past, some patients who died would still be alive, Dr. Mitchell said. "I recall a young mother who died

from Addison's disease. If we had had prednisone then, she would have been saved. I always dreaded spring because I knew we would have epidemics of measles, mumps, chicken pox and scarlet fever and, of course, polio. When we finally got penicillin, it was a great thing.

"My father — a doctor — once wrote to me about taking care of two boys who both died," he continued. One died from bulbar polio and another from septicemia and bacteremia from strep. He sat with the [second] boy all night until he died. Today, you would very simply treat this with penicillin."

"Dealing with [myocardial] infarc-

tions is a completely different situation than it used to be [40 years ago]," Dr. Pflasterer said. "In the old days you put patients to bed with morphine, and there wasn't much else you could do."

At times, country doctors had to be more innovative than their urban counterparts because they had fewer resources. Dr. Massie equipped his car with a radio to expedite house calls. "I had a tower at the office and one at home, on regular wavelengths, not short wave. I could broadcast 60 miles. My wife would intercept calls and find me in my car. It was fun. People would put in a call, and they couldn't believe how fast I got there."

Asked whether he has a cellular phone in his car now, Dr. Massie said, "Yes, but I don't use it."

Dr. Massie said he delivered between 2,500 and 3,000 babies during his career.

Dr. Pflasterer also performed deliveries, among the many other duties of a country doctor. When obstetricians moved into his area, he said he "didn't feel as guilty stopping the service. Most of my last batch of babies are now graduating from high school."

Sometimes patient relationships and long-term family histories were the most effective diagnostic tools, according to Dr. Tortoriello. One of his patients was saved because a nurse who had grown up in the community remembered a crucial fact about the patient's family history. "What she knew about the patient's mother triggered us to think about the patient's problems differently — she had a dissecting aorta, just what her mother had."

Looking back, the older physicians feel great pride and enthusiasm for the work they did in their communities. "Being so busy, I got a charge of adrenaline. There is a certain amount of excitement and stimulation. I think I practiced in the golden era," Dr. Mitchell said.

The doctor-patient relationship was solid 30 to 40 years ago, Dr. Massie explained. "I knew my patients very well. They depended on you as a doctor and would follow your instructions."

Today, even in small communities, the doctor-patient relationship is not quite the same. "The overall feeling used to be that patients appreciated what their doctors did for them," Dr. Tortoriello said. "Today, there is much more public skepticism of doctors."

Managed care is another issue that did not exist for older physicians but that younger physicians must face. Although it is less prevalent Downstate than in urban areas in northern Illinois, it is starting to make its mark.

Dr. Jennings said he is considering three PPOs for possible affiliation — even though he and most of his patients don't currently belong to any managed care groups. "The handwriting's on the wall. We want to try to have as much say as possible about what type of managed care comes in the community."

Physicians in the Effingham area have also formed a group to negotiate PPO contracts, Dr. Brummer said. "Even though we have less than 10 percent managed care in the area, we are trying to keep from being undercut. It's coming in slowly, and it's giving us time to learn."

The challenges related to managed care are also unique to the new generation of physicians. For example, Dr. Tortoriello said he doesn't always know the physicians to whom he currently refers patients because his referral network has been changed by managed care. "It doesn't detract from the ability of these doctors; I just don't know them. It's kind of a guess," said Dr. Tortoriello, who is involved in 20 managed care groups.

In spite of the changes, doctors in smaller communities said they still feel appreciated. "You know there is a real need for what you are doing," Dr. Jennings said. "You never have to worry about waking up and thinking, What am I going to do today, and why am I doing it?" ■

Why Do Physicians Need HIV Disability Coverage?

Gaps In Your Long Term Disability coverage Make HIV Coverage Essential.

HIV has unique implications for physicians. As a practical matter, due to ethical and social issues, a physician's ability to practice medicine ends if he or she becomes HIV Positive. But most disability plans don't recognize this fact. With a typical Long Term Disability Plan, you might not receive a benefit until you are physically unable to perform your medical specialty. This could take as long as 5 years. However, you could have an immediate loss of earnings. Even if your Long Term Disability Plan provides some immediate benefits, you may not have enough to replace all of your lost earnings.

PBT HIV Disability Coverage Fills The Gap Between The Time A Physician Becomes HIV Positive and The Onset of Disability.

The PBT HIV Disability Program pays you the full coverage amount without regard to any other benefit payments or earnings you receive. The only requirement is that the covered physician test positive for HIV. This valuable protection was developed under the direction of the physician members of the PBT Board of Trustees who recognize the seriousness of the threat all physicians face. The Chicago Medical Society and Illinois State Medical Society have worked together to make sure that the resulting PBT HIV Disability Program provides an extremely high quality coverage that's also very affordable.

The PBT Offers The Lowest Rates Anywhere — \$130 per year for each \$100,000 coverage you purchase.

For the third year in a row, we have been able to keep the cost to just \$130 per year for each \$100,000 of HIV coverage. This is the lowest cost available for this type of coverage. Be certain to enroll for enough coverage to provide income during the period from the receipt of an HIV Positive test to the onset of Disability. With the PBT HIV Disability Program, you can purchase up to \$750,000 of coverage subject to a maximum of 5 times earnings.

Summary Of PBT HIV Disability Program Advantages:

- Pays 100% Of Benefit Even If You Continue Working
- Fills The Gap In Your Disability Coverage
- Lowest Cost Available Anywhere
- Pays In Addition To Other Disability Plans Or Other Forms Of Income
- Designed Exclusively For Physicians
- Lump Sum or Annual Payout Options

One More Reason Why You Need HIV Disability Coverage

AIDS is now the top killer in the 25-44 age group, according to the U.S. Centers for Disease Control and Prevention.

Call now for details

(800) 621-0748

(312) 541-2704



PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Individual & Group Health Care • Long Term Disability • Term Life • Other Benefit Programs

Agency proposes

(Continued from page 1)

“We need to advise our patients about their medication and the risks involved, as well as the reasons for not taking the medicine,” said Wesley Gregor, MD, an internal medicine physician in Chicago. Otherwise, some patients may try to interpret on their own the information given to them by pharmacists and fail to talk to their physician, he explained.

On a related issue, ISMS policy states that package inserts for prescriptions are a guide for the clinical application of the

One of the shortcomings of dispensing broad information about the side effects of drugs is that all the information may not apply to individual patients, according to Dr. Gregor. "My concern is that when a pharmacist has to provide patients with a complete list of potential side effects to drugs, patients will become so frightened by that list that they will not take their medicine." He said he recalled two cases

FDA officials said they intend to accept public comments about the proposed program through Nov. 22. ■

Insurance and Risk Management Services Since 1947

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenton Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Physicians: All medical and surgical physician specialists wanted full time/part time. Openings available in three, six, nine and 12 months. Illinois license required. Facilities located in suburban area of Chicago. Please send CV and salary requirements to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. We are looking for individuals with training in internal medicine, gerontology and family medicine. Board-certified preferred. Full-time compensation is a minimum of \$120,000 plus benefits. Part-time is a minimum of \$500 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Infertility and reproductive Ob/Gyn: BE/BC Illinois-licensed physicians wanted. Full-time/part-time shifts available. Located in Chicago suburban area. Please send salary history and CV to Amtek Professional Recruiting, 1901 N. Roselle Road, Suite 800, Schaumburg, IL 60195. No phone calls, please.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Family practice, internal medicine, Ob/Gyn and urology-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Internal medicine: BC/BE internist needed to join busy internal medicine practice in Chicago's northwest suburbs. Competitive salary. Excellent hospital facilities. Patricia Stringer, MD, 321 W. Prospect Ave., Mt. Prospect, IL 60056; office, (708) 398-9747, home, (708) 256-8486.

Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable northwest Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Malpractice case evaluation: Board-certified medical experts needed. All specialties. All locations. Defense and plaintiff cases. Excellent remuneration. Interested physicians, please contact and send CV to Barry Gustin, MD, FACEP, American Medical Forensic Specialist, 2991 Shattuck Ave., Suite 302, Berkeley, CA 94705. Phone (510) 549-1693, fax (510) 486-1255.

Locum pediatrician needed. Northwest suburbs. Daytime only for office practice. Dec. 15 to Dec. 30. All or some days. Call (708) 742-9711, days, or (708) 931-6546, evenings.

Physician: Prison Health Services Inc., a national health care organization has a challenging full-time opportunity available for a self-motivated MD or DO to join our team at the Robinson Correctional Center. Internal medicine/family practice background. In return for your expertise and commitment to quality care, we provide an excellent salary and benefits package. For more information, contact Susan Kerr, HCUA, at (618) 546-5659. EOE, M/F/D/V.

Physician – family physician/internal medicine: Edgewater Medical Center is seeking a physician to perform physicals, take patient histories and assist with employee health service. Submit CV to Mike Naiman, Edgewater Medical Center, 5700 N. Ashland Ave., Chicago, IL 60660. EOE.

Do review! Good financial opportunity for spare hours. Health Direct Inc., a managed care insurance company, near O'Hare Airport, seeks physicians for part-time utilization review. Friendly atmosphere. BC required, UR experience preferred. Call Carol Krasen at (708) 391-9515.

Illinois, southwest of Chicago: Part-time physician. Seeking experienced BC/BE physician for work in a moderate-volume, rapidly growing Level II Trauma Center Hospital 60 miles southwest of the Loop. Excellent compensation, includes paid malpractice. Contact Steven Taller, MD, FACEP, Morris Hospital, 150 W. High St., Morris, IL 60450; (815) 942-2932, ext. 1158.

INTERNIST ...

Want to share call with eight other internists and live in the Brainerd Lakes area? Immediate and future openings available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital – St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

Inquiries from general internists or internist with sub-specialty interest in pulmonology or rheumatology welcomed.



Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Fast track: Chicago. Full- or part-time faculty at Mount Sinai Hospital Medical Center. One-third occupational medicine patients. Opportunities for board certification in occupational medicine. Top-dollar compensation and benefits, including CME and medical malpractice insurance. Contact Leslie Zun, MD, at (312) 257-6843.

Internist – downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 611-2777 or fax CV to (414) 784-0727.

Internal medicine – Immediate opening for a board-certified or -prepared internist interested in starting and building a new practice in a newly opened, state-of-the-art outpatient center in Morris, Ill. Position includes a highly competitive financial package and comprehensive benefits with CME and vacation time. Morris, located one hour south of downtown Chicago, provides a terrific environment in which to live and work, with excellent educational facilities and a low cost of living. For more information call Marie Noeth at (800) 438-3745, or fax your CV to (309) 685-2574.

Progressive integrated delivery system in Chicago is seeking a medical director for a thriving PHO. Contact Mary Frances Lyons, MD, at Witt/Kieffer, Ford, Hadelman, and Lloyd; 2015 Spring Road; Suite 510; Oak Brook, IL 60521. Phone (708) 990-1370 or fax (708) 990-1382.

Situations Wanted

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practicing FP public aid clinic MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified IM physician seeks part-time, three to four months of primary care work or locum tenens position (summer months only). Page me, (312) 997-1623, anytime.

Experienced, board-eligible diagnostic radiologist available for part-time or full-time position in Chicagoland area. Proficient in all imaging modalities. Call (708) 328-2759.

For Sale, Lease or Rent

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Call (312) 337-6904.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000 square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Modern family practice for sale – includes ownership of building and equipment. More than 5,700 active patients with 235K gross. Retiring soon – will introduce. Negotiable price under 99K. Call (618) 233-8869.

For sale: Calyx MDX system software program with all latest updates included. Complete billing and insurance system – \$3,000, firm. Please send responses to P.O. Box 483, Edwardsville, IL 62025.

Oak Brook Terrace medical office to share/sublease. Fully furnished, X-ray diagnostic lab, treadmill, Holter, etc. Free-standing building, high visibility, parking (Summit Avenue). Call (708) 629-6700.

Chicago near Edgewater Hospital: 3,100-square-foot medical building. Four suites, X-ray rooms, separate HVAC. Steal for \$139,500. Call Mr. Goldberg, Hallmark & Johnson, (312) 465-8000, ext. 29.

Will be available for rent. Location! Location! Surgical and medical specialists center, 8425 South Cottage Grove in Chatham. Brand-new medical office building – 900-square-foot office with five rooms, including a treatment room, store-room, private washroom, receptionist's room (also a general lobby, public washroom and drinking fountain). Suitable for any specialty. Call (312) 723-3300.

Miscellaneous

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Wanted: Retired or semi-retired MD to do fund raising by telephone, mail, etc., for political campaign. Hours flexible. Call (708) 795-1655.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 SW 109 Road, Miami, FL 33176; or call (305) 598-7505.

Concerned about critical patient follow-up? Computerized monitoring service (CMS) provides up to three personalized calls per day, emergency notification when help is needed and reminders to take medication if required. CMS promotes positive doctor-patient relations and patient safety and could save a life. Call CMS today for free trial offer, (708) 234-6300, ext. 105. Recorded message gives details.

Improve your cash flow and profitability. Submit your claims electronically and receive your reimbursements faster. Certified electronic claims professional. Full-service billing including electronic claim processing, primary and secondary claims, patient billing and practice management reports. Give us a call today, and we will tailor a custom package to meet the needs of your practice. Direct Claim Service Inc., 38 Pheasant Run, Hawthorn Woods, IL 60047; (708) 550-8300.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Physician Financial Services will tackle all your medical billing needs. Are you collecting what you did two-three years ago? We specialize in software with built-in edits, meaning less errors, thereby more money. Updated CPT and ICD-9 codes. Take care of more patients. We'll handle the paperwork. Free computer demonstration and information. Call (312) 391-9183 or write to MBC of Chicago/Lincoln Park, 2424 N. Clark, Suite 620, Chicago, IL 60614.

Free laboratory tests (CBC and chemistry) for your patients who cannot afford to pay for this service. Free blood drawn in our facility. Ask for supplies and shipping containers if you want to send by mail. Twenty-four-hour turnaround. UNILAB Inc., Oak Park, Ill., (708) 848-1556.

Research at CTCA

Metastatic Breast Cancer Patients:

This study may be of interest to patients with metastatic breast cancer.

The study involves the use of doxorubicin, a widely-prescribed chemotherapy drug. It is hoped that this formulation of doxorubicin, when combined with fat globules called liposomes, may reduce the drug's harmful effects on the heart.

This study will determine whether liposomal doxorubicin is as effective or more effective than doxorubicin alone in treating metastatic breast cancer.

For patients who qualify to participate in the study, evaluation and treatment will be provided at no cost.

For more information about participating in the study, please call Cancer Treatment Centers of America™ at 800/515-5573.



Cancer Treatment Centers of America™ is affiliated with the cancer programs at Midwestern Regional Medical Center, Zion, Ill.; Cancer Treatment Center of Tulsa, Tulsa, Okla.; and Maryview Medical Center, Portsmouth, Va.

DOJ charges

(Continued from page 1)

competition among local doctors. And it accused the hospital of abusing its monopoly position in inpatient services to maintain profits illegally and to gain an unreasonable advantage in markets for outpatient services, the DOJ release explained.

In the Missouri suit, the department said some 85 percent of the physicians in Buchanan County formed St. Joseph Physicians Inc. in 1986 to prevent or delay the entry of managed care into the

local market. In 1990, that group and Heartland Health System Inc. – the sole local hospital – formed Health Choice of Northwest Missouri, according to DOJ information. Since then, no managed care plan that has tried to enter the county independent of Health Choice has succeeded, the DOJ said.

Both hospitals disputed the charges. But they said they negotiated agreements and settled with the DOJ to avoid the time and expense legal battles would have entailed.

"Throughout the investigation, our antitrust attorney advised us (and we believed and continue to believe) that we

did not violate antitrust laws, and we were confident we would win a lawsuit if it were filed," said a memo from the board chairman, president and legal counsel of Heartland Health System to its board members and staff. But "given the favorable terms of the decree, the board felt it was prudent to settle," because it would have cost between \$500,000 and \$1 million to try the case, the letter explained.

"The charges are all ridiculous. They could never prove them. But a suit would have been horrendous," echoed Matthew Miller, MD, vice president of medical affairs at Danbury Hospital and

president of its PHO.

Dr. Miller pointed out that the hospital has signed 27 managed care contracts and arranged 32 prompt-payment contracts since 1993. And he noted that only one physician has been denied medical staff privileges in the last three years.

"While we have not done anything wrong and do not agree with every requirement detailed by the Department of Justice, we do have all of the necessary components to abide by the consent decree and still form a more effective, efficient health care delivery system," Dr. Miller said.

The decree Heartland signed "permits Health Choice to continue to operate as they have been with some changes in the manner in which physician fees are set," according to the Heartland memo. The group rejected the DOJ's initial proposal, which would have prohibited Heartland from owning an interest in a managed care plan and prevented Health Choice from having more than 30 percent of physicians in any specialty on its provider panel – a problem in small market communities like St. Joseph, the memo said.

THE DECREE TO WHICH Danbury agreed is more comprehensive, Dr. Miller said. It spells out the framework required for developing and operating an integrated health care services network and outlines requirements for operating a PHO, according to a Danbury Hospital news release. It also describes how a system can function as a qualified managed care plan. The plan can include no more than 30 percent of physicians in a given medical specialty, with some exceptions, as nonexclusive providers. But it allows more physicians to be included on a sub-contracted basis, according to the hospital news release.

"The agreement gives us the first clear guidelines about how a health system such as ours can do business in this era of managed care," said Frank Kelly, president and CEO of Danbury Health Systems and Danbury Hospital, in a letter to the hospital's internal constituents. "We and hundreds of other health care systems, structured and operating similarly to ours, have been searching for some guidance or rules for this new way to do business. Now we have them and can move forward bringing together all the elements of the health care system to improve access, enhance quality and reduce cost."

"Doctors in many areas have expressed the desire to form their own managed care plans, and these proposed settlements make clear that they may do so without violating the antitrust laws," Bingaman said.

Because many PHOs are structured like Danbury's, this case may have significant implications for PHOs nationwide, Dr. Miller said.

The DOJ's proposed consent decree and its competitive impact statements will be published in the Federal Register as required by the Antitrust Procedures and Penalties Act, according to the Danbury Hospital release. During the 60-day public comment period, written comments may be sent to Gail Kursh, Chief, Professions and Intellectual Property Section/Health Care Task Force, Antitrust Division, U.S. Department of Justice, 600 E. St., N.W., Room 9300, Washington, D.C. 20530.

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)

Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

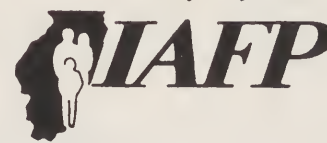
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“I wasn’t sure if I should *settle*, so the ISMIE review committee heard me out. They’re doctors. So I knew their decision would be a *fair* one.”



The person most qualified to evaluate the actions of a doctor is another doctor. That's why the Illinois State Medical Inter-Insurance Exchange created the Physician Review Committee. The committee is composed of doctors from all areas of the state, with extensive cognitive and surgical expertise. The members carefully review your malpractice case, and seek expert opinions from other physicians in your specialty. They'll even take your input into consideration. Whether your claim is settled or goes to trial, rest assured: you can trust the people making decisions about your case. Because at ISMIE, they're doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

11/20/95



Physicians
can lead
the way in
managed care

PAGE 7

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • NOVEMBER 3 1995

'Ticketing'
encourages
cave ridae



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Hospital attorneys criticize Berlin ruling

OPPOSITION: IHHA lawyers claim decision will
impede hospital operations. BY MARY NOLAN

[CHICAGO] Criticism of the recent Berlin vs. Sarah Bush Lincoln Health Center ruling surfaced at a forum conducted Sept. 27 by the Illinois Hospital and HealthSystems Association. Speakers included attorneys from the law firm Gardner, Carton & Douglas in Chicago, which is representing Sarah Bush Lincoln.

In the Berlin ruling, the Fifth Judicial Circuit Court in Charleston on June 15 determined that plaintiff Richard Berlin Jr., MD, a general surgeon at Sarah Bush Lincoln, was not to be considered an employee of that hospital, despite a contractual agreement. The ruling stated that

Dr. Berlin's contract was not enforceable, since Sarah Bush Lincoln is licensed as a not-for-profit corporation and not as a medical or professional service corporation. The court ruled that the Medical Practice Act is very clear that only individuals licensed to practice medicine may engage in medical practice.

In December 1992, Dr. Berlin signed a five-year employment agreement with Sarah Bush Lincoln that prohibited him from affiliating with "any person, firm or corporation engaged in competition with Hospital in providing health care services within a 50-mile radius" during the term of the
(Continued on page 17)

INSIDE

Art therapy
provides creative
outlet



PAGE 3

Five TB cases
recently
diagnosed in
Chicago

PAGE 13

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update6

Classifieds14

AMA names Dr. Seward executive vice president designate



Ted Grudzinski/AMA

[CHICAGO] The American Medical Association's Board of Trustees selected Rockford family physician P. John Seward, MD, as executive vice president designate on Oct. 19. Dr. Seward served as president of ISMS in 1979 and as a member of the Board of Trustees from 1975 to 1981. He

will replace James S. Todd, MD, whose retirement will take effect in June 1996, an AMA news release said.

"This is a challenging job. The AMA's Board of Trustees believes that Dr. Seward has the extraordinary leadership abilities that are needed to represent America's physicians as executive vice president," said AMA President Lonnie R. Bristow, MD. The AMA conducted an "exhaustive search" and considered 164 applicants before choosing Dr. Seward, whom Dr. Bristow called the "leader most qualified to guide our association into the 21st century."

"He understands the changes that challenge today's practice environment, has superb administrative skills and is an excellent advocate for physicians and their patients on Capitol Hill," he continued.

Currently, Dr. Seward is chairman of the AMA's Board of Trustees and Executive Committee and delegate to the World Medical Association. ■

ISMS to work with KePRO on HMO performance evaluations

PROVISIONS: The Society will provide physician
reviewers under new agreement. BY KATHLEEN FUREORE

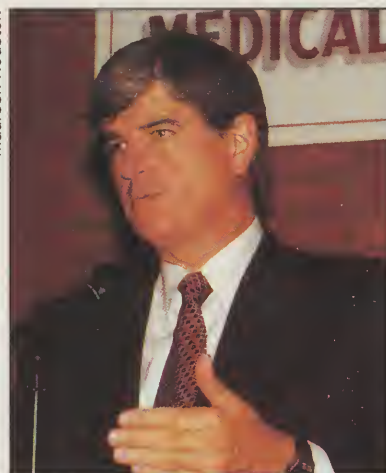
[SPRINGFIELD] The Illinois Department of Public Aid has chosen Keystone Peer Review Organization Inc. — a wholly owned subsidiary of the Pennsylvania Medical Society — to conduct retrospective performance evaluations of the state's Medicaid health maintenance organizations. ISMS partnered with KePRO in seeking the contract and will provide physician reviewers, said John Schneider, MD, chairman of ISMS' Subcommittee on Governmental Initiatives.

"We are very excited at the

opportunity to expand our knowledge base and operations into Illinois," said John DiNardi, executive director of KePRO. "By marrying the Illinois State Medical Society with our organization, it will help build credibility into the pro-

(Continued on page 18)

Maureen Houston



SPEAKER OF THE
Illinois House of
Representatives Lee
Daniels (R-Addison)
speaks to members
of the St. Clair
County Medical
Society at a Sept. 28
meeting in Belleville.
He thanked mem-
bers for their efforts
to pass tort reform
legislation and urged
continued legislative
involvement.

Streator physicians attend program about ISMS MSO

MANAGED CARE: Second District trustee speaks
about support services being planned. BY MARY NOLAN

[STREATOR] LaSalle general surgeon Edward Fesco, MD, spoke to physicians Oct. 10 at St. Mary's Hospital in Streator about a proposed ISMS management services organization that would provide physicians throughout the state with consulting, practice management and information services. The conceptual business plan for such an MSO was approved Sept. 16 by the Society's Board

of Trustees and was discussed at ISMS' Sept. 30 managed care symposium.

"We are in the throes of great change," said Dr. Fesco, ISMS Second District trustee. "Every one of us is feeling it, whether we're hospital-based or private, solo or group. The balls are in the air, and we have to be one of the big jugglers. We can't wait for someone else to do it."

"Physicians should be the only ones who control and determine the use of resources," he continued. "We're all working in health care, we're all delivering good care, and we're on the front lines. Only through physician control of the cost constraints on health care delivery can patients be assured of maximum value for their health care investment."

Physicians should think about assuming risk, Dr. Fesco said. "Whoever takes the risk makes the money. Insurance companies are already lined up to do this. But we are the ones who are ultimately responsible for [the care of] our patients."

(Continued on page 18)

***** ALL FOR STATE
NATIONAL LIB OF MEDICINE 00580
S210143
TSD-SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

MCHC introduces health care charge cards

[CHICAGO] The Metropolitan Chicago Healthcare Council is now enabling Chicago-area hospitals to offer two revolving charge cards to help patients pay their health care debts. The MultiOne Health Access Program lets patients consolidate self-pay debts, copayments and deductibles into one monthly statement, according to a news release from MCHC.

"The MultiOne program is good news for patients who sincerely intend to pay their health care debts but who need to spread payments out over a period of time," said Michelle Holtzman, MCHC's director of revenue enhancement services. It also helps hospitals and communities because it increases self-pay debt collections. "This increase in patient payments enhances a hospital's ability to provide services to the community, while the decline in bad debt reduces pressure to increase fees," Holtzman said.

Patients can apply for either a MultiOne gold or MultiOne blue card at the time of service and use it immediately at the hospital, ancillary centers such as physicians' offices, and other participating hospitals and health care organizations, according to MCHC.

The gold card functions as a traditional credit card, so patients must get credit approval from the issuing institution. It offers an interest rate of prime plus 4 percent, according to MCHC. The blue card is available to all patients the

hospital deems appropriate. MultiOne Financial Service Inc. manages the debt and sets up minimum monthly payments. The interest rate on the blue card is prime plus 6 percent. Both cards have a 90-day, "same as cash" feature, the MCHC said.

"MultiOne has an excellent reputation for working with patients to help them meet their financial obligations,"

noted Holtzman. "MultiOne will even act as a patient advocate, working with patients and hospitals to resolve billing issues." The health access program also gives participating hospitals any information they need to help patients who qualify for charity care or public aid to receive assistance, she said.

Our Lady of the Resurrection Medical Center and Resurrection Medical Center and some of those hospitals' ancillary services currently offer the card, said an MCHC spokesperson. ■

IDPH awards grants for cancer research

[SPRINGFIELD] The Illinois Department of Public Health awarded seven grants totaling \$280,668 for breast and cervical cancer research, according to IDPH Director John Lumpkin, MD.

"These grants will make possible research into the causes, prevention and treatment of breast and cervical cancer," Dr. Lumpkin said.

Breast cancer is diagnosed in roughly 8,700 Illinois women every year, and it claims the lives of 2,200 women annually, according to recent IDPH figures. These figures also show that nearly 700 women across the state learn they have cervical cancer every year, and some 450 women die annually from the disease.

"For many women, a visit to the doctor to be screened for breast and cervical cancer can mean the possibility of having to face these terrible diseases. But

it is vital to realize that early detection and treatment could save many lives every year," Dr. Lumpkin said.

Funding for the grants came from state appropriations, as well as the breast and cervical cancer research fund, a special endowment to which taxpayers can contribute through their IL-1040 income tax return. The research fund, which first appeared on the 1993 IL-1040 form, received almost \$108,000 in taxpayer contributions, an IDPH news release said.

To remain on the IL-1040 tax form, the breast and cervical cancer tax fund must raise a minimum of \$100,000 every year. Currently, the tax fund has received more than \$100,000 in contributions, and the option will appear on the 1995 forms for the third consecutive year, according to IDPH. ■



Jeff Gabbard

H. JAMES SOLOMON, MD, demonstrates suturing techniques on a pig's foot as medical student Laura Schrag observes. The Sept. 23 suture clinic was sponsored by the Lake County Medical Society and was held at its headquarters in Vernon Hills. The clinic is conducted about five times per year, with 15 to 20 students and four physicians participating in each.

The Verdict Could Wipe You Out!

Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly **one-half (47%)** were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (**APT**) protects your assets from future lawsuits. The best time to plan is now... before litigation is initiated. To learn more about an **APT** and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

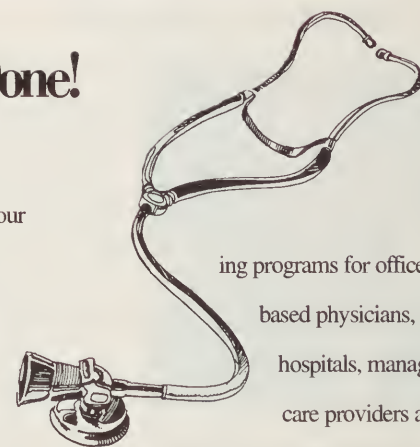
(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Want to Increase Your Patient Base?

We Can Get It Done!

If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications, Inc., specializes in marketing for health care providers. We are experienced in developing and implementing market-



ing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at 708-747-7701.



TARGET MARKET COMMUNICATIONS, INC.

831 W. Maple Rd. Homewood IL 60430 708•747•7701

Specialists in Health Care Marketing

Art therapy provides creative outlet for patients

PROGRAM: Good Shepherd uses art to remedy a variety of medical problems. BY KATHLEEN FUREORE

[BARRINGTON] Sculpting and mask-making might not seem like standard treatment for psychological, emotional and physical illness. But patients in Good Shepherd Hospital's two-year-old art therapy program are making masks and molding clay in an attempt to remedy medical problems ranging from depression and psychosis to orthopedic dysfunction.

"Art therapy is an intriguing part of all our programs at Good Shepherd," said Lawrence Kerns, MD, medical director of adolescent psychiatric services and an assistant clinical professor of psychiatry at the University of Illinois at

Champaign, where he directs the art therapy program as a way to promote the therapy.

After participating in one session of mask-making, Gary Magee, MD, a chronic pain specialist at Good Shepherd, said he saw the benefits of art therapy. "There are a number of vocational and identity issues that arise in patients with chronic pain. Many have been in

chronic pain for years and because of that are unable to function in a job or family unit." After their pain has been addressed and their symptoms have been controlled, they need to identify themselves as being more than chronic pain patients, and art therapy can help them do that, Dr. Magee said.

The therapy is also used in death and

grieving groups as a way for family members to express grief. "We have used art in helping parents and siblings of dying children to express their fears and to help them move toward acceptance and healing, Farrell noted.

Good Shepherd is one of several hospitals throughout the state that either offer art therapy programs or incorporate art into other types of therapy. Art, for example, plays a role in the therapeutic recreation program at Oak Forest Hospital of Cook County and in the occupational therapy program at Northwestern Memorial Hospital in Chicago, according to hospital spokespeople. ■

The art process can help physicians assess patients' problems.

Chicago. "It is a very therapeutic activity for people across their lifetimes and is appropriate for all ages."

This type of therapy is based on the theory that it can help reconcile emotional conflicts and foster self-awareness and personal growth. So it first became popular – and remains so – with psychiatrists and psychologists as a creative outlet for patients with no other means of self-expression, according to information from Good Shepherd.

The art process can help physicians assess patients' problems, facilitate communication, uncover underlying conflicts and help patients establish control over their lives, noted Leo Jacobs, MD, Good Shepherd's medical director of adult psychiatric services. "The patient uses art projects to express himself or herself in a way that cannot be [otherwise] expressed," he explained. "It is another method of expressing emotions."

Physicians outside the psychiatric community also are discovering that this approach to psychological healing can help physical ills, according to Good Shepherd art therapist Mary Farrell.

"We have had orthopedic surgeons using art therapy for patients involved in trauma accidents," she explained. "It helps them both therapeutically and as a means to work through the trauma."

Good Shepherd, in fact, offered physicians from all areas of medicine an opportunity to participate in an art ther-



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B CARE PLAN OVERSIGHT QUESTIONS AND ANSWERS

The Health Care Financing Administration (HCFA) recently provided answers to questions about Medicare B's care plan oversight benefit. A selection of these follow. The full text of questions and answers appears in the October, 1995, Medicare B Bulletin. Care plan oversight information has also been published in the January, 1995, and July, 1995, issues of the Medicare B Bulletin.

Q. Will Medicare B pay for care plan oversight for a hospice patient who resides in a SNF/NF?

A. Under normal circumstances, Medicare B does not pay for SNF care for hospice beneficiaries. However, if the hospice beneficiary is in the SNF receiving respite care under the hospice benefit, or is a dually entitled beneficiary, a private paying resident, or is in the SNF for a condition unrelated to the terminal condition, Medicare will pay for care plan oversight for the terminal condition.

Q. Can the time another physician spends working with the attending physician who actually signed the care plan be counted toward the over 30 minute requirement?

A. No. Only the time the attending physician spends on care plan oversight is countable. The time spent by other physicians is not countable toward the 30 minute requirement. Payment for care plan oversight is for the time spent by one physician (i.e., the physician providing the service).

Q. Can the attending physician's time spent discussing, with his/her nurse, conversations his/her nurse had with the home health agency count toward the 30 minute requirement?

A. No. Such time spent with his/her nurse does not count toward the 30 minute threshold. However, the time spent by the physician working on the care plan, after the nurse has conveyed the pertinent information to the physician, is countable toward the 30 minutes.

Q. Can care plan oversight be reported and paid when furnished by nurse practitioners (NPs) and physician assistants (PAs)?

A. No. Section 1861(m) of the Social Security Act provides coverage of home health services where those service are furnished under a plan of care established and periodically reviewed by a physician. Further, sections 1814(a)(2)(c) and 1835(a)(2)(A) of the Act require physicians to certify the need for home health services.

Q. Will Medicare pay for overseeing the care of a patient who is not receiving Medicare covered home health or hospice benefits?

A. No, Medicare will pay separately for care plan oversight services only for patients who receive Medicare covered home health or hospice benefits.

Q. If Medicare will not pay for overseeing the care of a patient who does not receive Medicare covered home health or hospice benefits, can the physician charge the beneficiary for those services?

A. No, this service is covered and payment is bundled into the payment for other visits and procedures.

(Issue: 11/03/95 - DB)

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 22, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois Medicine

VOLUME 7, NUMBER 22

NOVEMBER 3, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD
William E. Kobler, MD	Sylvia Eberle, Alliance

Illinois Medicine Staff

EDITOR, Lynn Koslowsky
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

How to get more mileage

Do you ever wish there was more of you to go around? For most physicians, the feeling is all too familiar that if only we could clone ourselves, life would be so much easier. We could see more patients, perform more procedures, process paperwork more quickly – and maybe still have some time for our families and a personal life.

What some physicians may not realize, though, is that by maintaining membership in ISMS, your county medical society and the AMA, you are in effect designating hundreds of representatives to work on your behalf. That work is carried out by committees, councils, task forces, governing bodies and elected leaders who work with legislators, government agencies and other medical groups to accomplish members' goals.

ISMS represents your interests legislatively in Springfield and Washington. This year we gained the passage of comprehensive tort reform legislation, including a \$500,000 cap on noneconomic damage awards in civil suits. That victory culminated 20 years of effort and required every possible resource.

In fact, in every legislative session, the Society advocates for you on hundreds of state issues such as workers' compensation reform, the scope of practice of allied health professionals, public health, credentialing, health care reform and patient protection. And through the Washington Presence program, grassroots physicians and leaders meet one-

on-one with federal legislators to let them know what you think about national issues and pending legislation that will affect you and your patients. In late September, ISMS members went to Washington in conjunction with the AMA's AMPAC meeting to explain physicians' concerns about topics of the day, including Medicare reform.

A diverse membership base encompasses solo practitioners and physicians in group practice, in primary care and in every specialty. The benefit of that diversity is the opportunity for varying viewpoints to be heard, synthesized into cohesive policies and positions, and incorporated into programs and services. Through your ISMS membership, you have access to networks of attorneys and consultants to support you in areas like contracting and practice management. In addition, the Society's proposed management services organization would provide you with a broad mix of tools and services to help you maintain clinical independence and succeed financially in managed care.

Special groups within ISMS include the Alliance, which sponsors mini-internships programs and has developed an anti-violence initiative, the Medical Student Section and the Resident Physicians Section. So there really is a place for everyone within ISMS and the chance to accomplish more collectively than we could ever do individually. ■

PRESIDENT'S LETTER

Half done or just started?

Raymond E. Hoffmann, MD



The meals are good, the travel schedule can be brutal on a medical practice, and physicians are happy to have me visit.

Boy, can six months go fast! It seems like just yesterday I was sweating out how my speech at the House of Delegates would go. Even though I had spent four years on the podium as speaker, I was scared. I slaved over writing it and spent hours in speech practice with the ever-patient staff. That speech and inauguration came and went very quickly. And now my presidency year is half over.

Some of your ISMS presidents have given a progress report along the way. I thought I would do the same, so here is what I have learned so far. Externally, it has been fairly quiet. Media questions abound. There is always someone who wants to ask just a few questions. And when no one is calling in, the public relations staff seems to go out and stir up an interview or two, especially as part of the President's Tour.

In contrast, the Society is humming with activity internally. Researching and developing a business plan for the MSO, which we are now calling the Physicians Services Organization, has taken a tremendous amount of time and energy. Some members are interested in the issue of physician participation in executions. There are requests for us to lobby for or against a particular issue. All those concerns must be considered and answered.

I have even acquired a group of concerned nonmember citizens who have written 135 letters about ISMS' stance on needle exchange to help combat HIV. Most of the letters are identical – even to the smudge in the corner. But each one had to be answered.

There is the daily mail packet that contains letters and news clippings. These have to be read so that my answers to media questions are somewhat relevant. I haven't read so much since freshman English literature class.

The visits to county medical societies are the best part of my duties. Our members need to know what is happening in the offices in Chicago, and certainly ISMS board members and officers need to know what members want. That is where the president can work best. Members in most areas see the president only once each year – and some not that often. I traveled to a county medical society that hadn't been visited by the president in so many years that no one could remember when it was. These connections are important for our Society to maintain cohesiveness and relevance.

The president also has the honor of representing Illinois at national and other state medical society meetings, where we can exchange information. One state society has businesses like a publishing company and a malpractice insurance company. In another, the president also serves as the chairman of the board and speaker of the house. In yet another state, the laws governing medical practice are so constricting that recruiting new physicians is difficult. It places a 2-percent tax on doctors' gross income, increasingly underfunds Medicaid, bans by law the funding of lobbying activities, prohibits tort reform and has enacted health reform that is like the Clinton plan. Trips to states like these make Illinois look great.

What I have learned so far is that the meals are good, the travel schedule can be brutal on a medical practice, and physicians are happy to have me visit. The most important thing I have learned is that doctors just want to be doctors and take care of their patients. The business concerns that have invaded their time are distracting and scary. I hope that representing ISMS in my travels will continue to give individual physicians some help and comfort as our medical society consistently faces the common problems that confront us. ■

GUEST EDITORIAL

Republican plan achieves real Medicare reform

By U.S. Rep. Don Manzullo

On April 3, the Clinton administration's Medicare Board of Trustees issued a report stating that unless there are policy changes, the Medicare Part A trust fund will start running a deficit within two years and will be depleted by 2002. Medicare payments would then cease.

The latest polls show an overwhelming majority of Americans believe Medicare reform is needed. The statistics show why. Although innovations in the private sector have helped control health care costs, Medicare has not been fundamentally changed since its inception in 1965. While health insurance costs, for example, rose to a modest 4.4 percent last year, Medicare spending has increased at a rate of 10 percent to 11 percent annually.

To help remedy the problem, congressional Republicans asked seniors, health care experts, doctors and hospital administrators for solutions last spring. Many called for choices in the Medicare program. Seniors, after all, can't choose medical plans as other Americans do. They have only one option – an outdated, government-run, bureaucratic, one-size-fits-all plan. Consequently, choice forms the basis of the House Republican Medicare reform plan – the Medicare Preservation Act of 1995.

The act lets seniors choose the health coverage that's right for them. Traditional Medicare will remain an option, but seniors will be able to choose from a variety of private-sector health plans under a program called Medicare Plus. The alternative plans will have to meet consumer standards and provide benefits at least equal to those Medicare offers. They will have to accept all eligible applicants and will be required to cover them for as long as the beneficiaries want. And they will be prohibited from excluding people because of illnesses or pre-existing conditions.

Eligible seniors will be able to choose traditional Medicare coverage; a coordinated care program such as an HMO, PPO or POS plan that will offer such additional benefits as prescription drugs and lower out-of-pocket costs; a limited enrollment plan that will allow unions and associations like the American Association of Retired Persons to offer coverage to Medicare-eligible members; or a medical savings account that will provide high-deductible, catastrophic insurance policies with no copayments and cash deposits to cover a significant portion of the deductible. Beneficiaries will be able to use MSA funds for medical needs, long-term care insurance or even purposes other than health care as long as their minimum

MSA account balance is equal to 60 percent of their deductible. Money used for non-health care purposes will be taxed as income. Beneficiaries who don't choose a plan will automatically be enrolled in the same fee-for-service Medicare plan currently available.

To guarantee quality care for all seniors, Republicans will spend \$1.6 trillion on Medicare over the next seven years – about as much as the entire federal budget this year. That is not a cut, but a 53-percent increase in Medicare funding, which means spending for each beneficiary will increase from \$4,800 in 1995 to \$6,700 by 2002. Congressional Republicans will let funding increase between 6 and 7 percent annually, a rate that more closely reflects the growth in private health insurance costs.

Over the next seven years, the Republicans' proposal will save \$270 billion – the amount the Medicare trustees' report says is needed to achieve solvency and sustain the program. A lot has been written and said about that savings, and much of it has been inaccurate. So let's set the record straight.

Republicans are not using the \$270 billion to pay for tax cuts. They're using it to save Medicare. All the savings – every penny – in Medicare Part A will stay in the Part A hospital insurance trust fund. All the Part B premiums that seniors pay will go into the Medicare Part B (SMI) trust fund. House and Senate Republicans have even proposed a "lockbox" provision that requires any additional Part B savings to be placed in the Part A trust fund to ensure its solvency. The bottom line: Even if there were no tax cut and even if the budget were balanced today, we would still need to save Medicare from bankruptcy.

Although the president and the Senate Democrats' proposal will keep Medicare solvent only until the next election, the congressional Republicans' proposal will keep it solvent until the baby boomers begin to retire in 2010.

I am pleased that P. John Seward, MD, of Rockford, helped craft the Medicare Preservation Act of 1995. His input helped ensure that the act includes provisions favorable to physicians and their patients. Consequently, the AMA endorses the House Republicans' plan to save the Medicare program. The AMA agrees with the Republican majority in Congress that the health of 37 million seniors is too important to leave to the policies of yesterday. The AMA believes the act will preserve the system for current beneficiaries, protect it for future beneficiaries and strengthen it through reforms that have worked in the private sector. ■



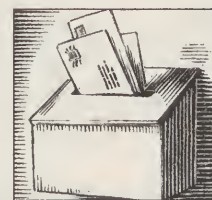
U.S. Rep. Don Manzullo (R-Rockford) represents the 16th District of Illinois, including McHenry, Boone, Winnebago, Stephenson and Jo Daviess counties, as well as part of Ogle County.

LETTERS

More care for new moms

The article in the Sept. 8 issue titled "Suburban hospitals offer free nursing visits for new moms" was full of good information and very well-written. However, the last paragraph says, "Lake Forest and Northwest Community are the only two hospitals in the state that provide free home visits, according to an Illinois Hospital and Health Systems Association spokesperson."

Not true. St. Clement Hospital in Red Bud has been providing free postmaternity home visits since April 1994. The mother and newborn are visited within the first 48 hours after



discharge. Thorough assessments of the mother and baby are made by the nurse. The newborn is weighed and checked for jaundice and other possible complications. Help with breastfeeding, correct bathing of the baby and anything else that would establish a good routine for the mother and newborn are addressed. St. Clement nurses do everything mentioned in the article that Lake Forest and Northwest Community nurses do.

— **Ginger Barnett**
Red Bud

Illinois Medicine reserves the right to edit all letters.

Physician HELpline

A 24-hour physician HELpline is available to link impaired physicians and their families with helpful resources. Contact the ISMS Physicians HELpline at (312) 580-2499.



Illinois State Medical Society

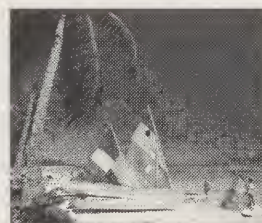
Presents Exciting Trips From Chicago



mv ZENITH - CARIBBEAN CRUISE

February 3-10, 1996
From \$899.00 per person, double occupancy

This exciting seven day cruise itinerary is planned to present the brightest jewels of the Caribbean and all that each island has to offer aboard the deluxe Zenith. Ports of call: San Juan, St. Thomas, Guadeloupe, Grenada, La Guaira, Aruba, at Sea.



PUNTA CANA - DOMINICAN REPUBLIC

January 19-26, 1996
From \$959 Air & Hotel
From \$999 All Inclusive per person, double occupancy

Discover why Punta Cana is known as "the place where the sun is born." Sun-drenched white sand beaches make it one of the most beautiful corners on earth.



CHINA - YANGTZE RIVER CRUISE - HONG KONG

March 20-April 4, 1996 (16 days) \$2,999.00
March 14-26, 1996 (12 days) \$2,559.00
per person, double occupancy

A wonderful introduction to the Orient! From the rich history of the People's Republic of China, to the dynamic British Crown Colony of Hong Kong.



BEST OF THE ORIENT

March 17-27, 1996 (11 days) \$2,349.00
per person, double occupancy

From resplendent Bangkok to the glistening cities of Singapore and Hong Kong.

mv HORIZON - ALASKAN CRUISE
Summer 1996. Details available in October.

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

For additional information and a color brochure contact:

GLOBAL HOLIDAYS

9725 Garfield Avenue South, Minneapolis, MN 55420-4240
(612) 948-8322 Toll Free: 1-800-842-9023

Watch for
coverage of risk
management in the
emergency room

ISMIE Update

Communication key in treating nursing home patients

Rapport with patients' families and nursing home staff can help minimize liability. BY KATHLEEN FURORE

Physicians who treat nursing home patients face unique liability risks because of the nature of the care and the situation in which it is provided, according to defense attorneys.

"The real headache is that the physician sees patients one or two times a month and has to go through the entire litany of patients under his care," explained Kevin Glenn of Bresler, Harvick & Glenn in Chicago. "Meanwhile, because the doctor sees them only once or twice a month, he has to depend on information from the nursing home staff. He depends on them to call him with patients' problems, things they need. Normally, [with non-nursing home care], it is the patients who bring a physician into a case. They'll call immediately if they don't feel well. But a nursing home staff might wait. The primary problem is communication."

"I think one thing unique to nursing home situations is that no one wants to have a relative or loved one [there]. So anyone in there is not going to be in an ideal or pleasant situation," said Gary Peplow of Peoria's Heyl, Royster, Voelker & Allen. "When something goes

wrong, [the family] will say, 'Oh no, it's that nursing home.' If patients are in the hospital, they're treated and get well. So they think, 'Great, the doctor's wonderful.' By the time [the patient] gets to the nursing home, there is a high degree of frustration in the family about their care, and that works to the detriment of the physician."

A recent case underscores the serious problems that can result from inadequate communication, Glenn said. A patient in AIDS-induced end-stage dementia was transferred from an acute care facility to a nursing home that was neither licensed to accept nor equipped to care for AIDS patients. But no one told the nursing home physician the patient had the disease.

"The question arises, Did the nursing home want to fill the bed and [ignore] the AIDS question, or did the hospital want the patient out and not advise the nursing home? Glenn said. The patient ultimately died from pneumonia after developing bed sores that became infected, and the physician was sued.

"This patient gets to the

nursing home doctor, and there is no indication of AIDS," Glenn said. "There is a skin breakdown, and it becomes infected, which in an AIDS patient is a death warrant. But the doctor doesn't know [the patient has AIDS]. He thinks the patient just needs basic old-age care. So he treats the patient in a typical manner. It goes back to communication. The [nursing home doctor] who needed to know this was an AIDS patient didn't know."

A RECENT SITUATION involving Breese Nursing Home in Breese also shows how poor communication can affect patient care and increase risk. In September, the Illinois Department of Public Health fined the facility \$10,000 for inadequate nursing care and failure to notify a resident's physician of a change in condition, according to a news release from IDPH.

In one incident, the staff did not immediately contact the physician treating a 90-year-old patient who complained of severe hip pain after allegedly being thrown into bed. The patient had broken his hip. In another case, the facility failed to complete a follow-up urinal-

ysis ordered by the physician of an 80-year-old patient. One month later, the woman developed bed sores her physician said resulted from urine contamination. And in a third incident, the facility faxed an update on a 99-year-old patient's condition to her physician, who never received the document. A family member — not the nursing home — ultimately contacted the doctor about the patient's condition, the IDPH release said.

Even an accident with a nursing home patient can peripherally expose doctors to risk, Peplow said. "[Someone might ask], Did the doctor leave sufficient orders regarding how to care for Mom?"

Although physicians who treat nursing home patients are exposed to liability, they can minimize it by insisting on frequent and open communication with the nursing home staff and by developing rapport with patients' families, the attorneys said.

"Teach the nursing home personnel how to communicate with you," Glenn advised. "Start questioning the nurses. Let them know you want more information than [just] that a

certain patient needs to see you. Tell them you want to know exactly why. And when you see deficiencies, scream and yell. If [nursing homes] want you on staff, demand that they provide you with the services and attention you need to provide good medical care."

That communication is a two-way street, according to risk management specialists. Physicians should take seriously and respond appropriately to calls from nurses and staff at nursing homes. They should also document all calls from nursing homes and the orders they gave in response to those calls so they can later verify the information if necessary.

"We preach and preach about getting to know patients. But in a nursing home situation, it's the family," Peplow noted. "If you're treating patients in a nursing home, you're [probably] not going to develop a rapport with the patients [because of their condition]. Where you develop the rapport is with the family. So spend extra time with the family. Let them know their loved one is getting proper care. That's the real key." ■

MALPRACTICE ROUNDUP

Alleged needle stick prompts lawsuit

In a case that underscores the importance of thorough adherence to safety regulations, a young mother has filed suit because her toddler found a dirty needle on the floor of a hospital exam room, according to a story in the Sept. 6 edition of the Chicago Tribune.

The plaintiff has asked for more than \$30,000 in damages from Northern Illinois Medical Center in McHenry for the "severe emotional distress" she has experienced since the April 18 incident. She fears her 2-year-old, who was at the hospital because of a sinus infection, may have jabbed himself with the needle and contracted HIV or other blood diseases. After leaving the hospital, she found a needle prick on his thigh, the article explained.

Although tests to date have been inconclusive, the boy may have to continue being tested for about a year, according to the story. Hospital representatives said the child's risk of contracting HIV or any other disease is less than 1 percent and they do not believe any people who used the exam room April 18 were HIV-infected. The medical center also claims it followed federal safety requirements regarding needle disposal, the Tribune reported. ■

Court rules doctor failed to meet standard of care

A physician who anesthetized a 70-year-old patient before verifying the availability of the prosthetic devices needed for his hip replacement surgery was found to have failed to meet the standard of care, a California jury ruled in May. The case was summarized in the August issue of Medical Malpractice Law & Strategy.

The physician in *Thomas vs. Thompson* had already anesthetized the patient when he learned the proper-size prosthesis was unavailable. A similar product from another hospital proved incompatible because of the procedures the doctor had begun, and the patient had to undergo five more operations to remedy his problem, the article said.

The patient sued the physician claiming he should have confirmed that the correct materials were available before preparing the patient for surgery. He also sued the hospital for failure to provide the appropriate device, the article explained.

Although the defendant doctor said he should have been able to count on the hospital to provide the proper prosthesis and the hospital claimed the physician should have made sure the correct device was available, the jury found both acted outside the standard of care. Each was held 50 percent liable, the summary said. ■

SECOND IN SERIES

Physicians can lead the way in managed care

Doctors learn from their peers about directing managed care entities.

BY MARY NOLAN

Unless we as physicians take charge of our future, it will be a sorry state, not only for ourselves but also for our patients," said Maureen Reed, MD, at ISMS' Sept. 30 symposium "Physicians Seizing the Reins of Change." At the program, ISMS announced its proposed management services organization. In addition, several physicians shared their experiences in developing and directing physician-owned managed care entities.

One speaker was Mark Shields, MD, medical director at Aurora's Dreyer Medical Clinic since 1992. "The ground rules of health care are shifting," he said. One shift is from individual patients to a population perspective. "[That change] is not only in how we organize programs but what employers and purchasers of care will want to know. How many of the enrollees have had mammograms and Pap smears? How often are you providing cholesterol screens? What have been the outcomes, the complication rate and the success rate?"

Dreyer is a physician organization through which more than 150 physicians practice in 25 specialties. For 11 years, the organization has owned an HMO that currently accounts for about 45 percent of the clinic's business, Dr. Shields said. Dreyer is affiliated with four major hospitals but has revenue from nonphysician sources, he added. "As you think about teaming with a hospital, this is extremely important. If [hospitals] have all the revenue from X-ray, lab and physical therapy [services], you will be starved for cash flow."

The biggest reason for Dreyer's success is that the physicians focus mainly on clinical issues and quality of care, Dr. Shields explained. But that doesn't mean doctors can afford to ignore administrative issues. "You will need administrators on your side to make it work. You need some sophisticated financial management."

Long-term success also depends on the integration of primary care and specialties, Dr. Shields said. "I firmly believe that a multispecialty organization will be more successful than one with [only] primary care doctors."

Dr. Reed agreed with that point. "It is very difficult to succeed in capitation unless one integrates effectively. This does not mean that physicians need to be taken over or merged, but [certain] kinds of relationships [between primary care physicians and specialists] need to exist to get capitation done and done right. We have to think about the level of inte-

(Continued on page 8)



John McNulty

The ground rules of health care are shifting. [That change] is not only in how we organize programs but what employers and purchasers of care will want to know.



Dr. Reed (top) and Dr. Shields discuss how to succeed under capitation.

Physicians can lead

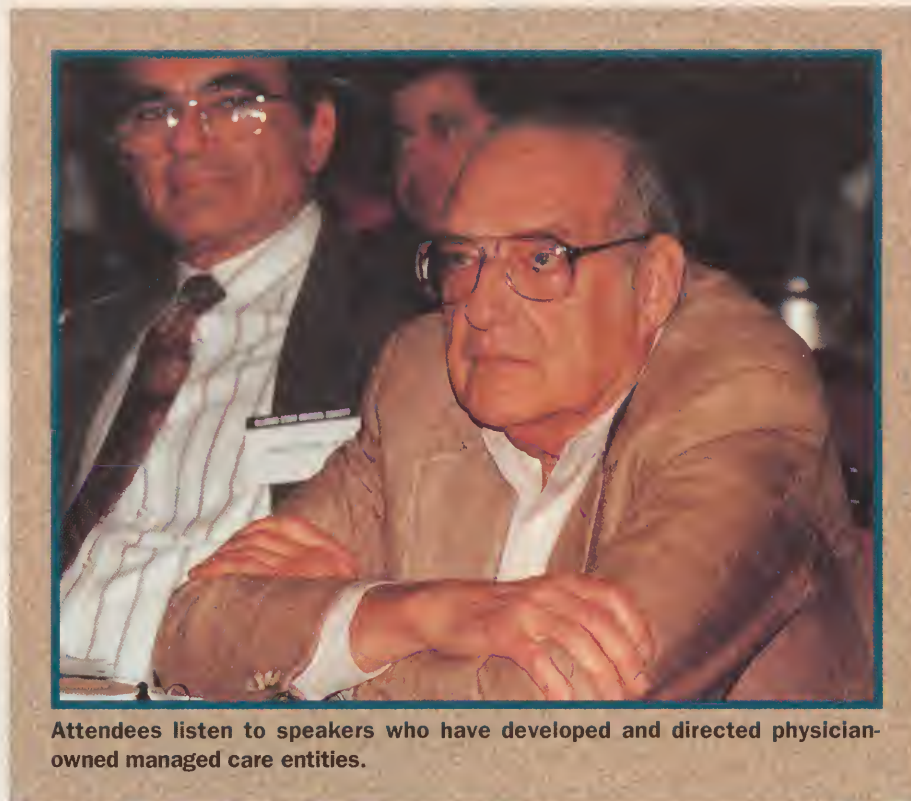
(Continued from page 7)

gration that's required.

"In capitation, what a physician group has is simply a fixed budget that needs to be spread over a population of patients who happen to be assigned to you," explained Dr. Reed, medical director of the Contracted Care Division of HealthPartners, an HMO in Minneapolis. "We're also in capitation to deliver optimal health outcomes. For the sake of our patients, it would be unconscionable for us to do anything less."

The main disadvantage of capitation is it represents change for physicians, she said. "We are perhaps inexperienced with the financial ramifications of capitation. There is potential for less care, but I would submit that physicians in Illinois are no different than physicians in Minnesota and that they have a high degree of integrity." Capitation can be consistent with providing optimal patient care, according to Dr. Reed. "This is an area where if we don't seize the reins of change, we're really letting our patients down. When we control the capitated dollar, we can make the decisions about what is valuable care and what is not valuable care and how to start providing more of the valuable care and eliminating that [care] that does no good."

Minneapolis physicians are enthusiastic about capitation because it places more control over health outcomes in their hands, she said. "Physician groups



Attendees listen to speakers who have developed and directed physician-owned managed care entities.

in our area are clamoring to get self-insured employers to start paying in a capitated fashion. They're used to capitation, and they know how to work it through. Moreover, they know that the cash flow is there. They get paid on Sept. 30 for all the care they'll deliver through the month of October instead of waiting until December to get paid. There's no bad debt."

Dr. Reed said that to succeed finan-

cially in a capitated system, "physicians should ask, 'Where are the resources currently being spent, and how do we reallocate those resources? What are the desired health outcomes, and how do we measure those?' The latter speaks to how do we succeed in managed care so that we feel good medically about what we are doing and what we're giving to our patients."

Part of serving patients well is

addressing population-based care as well as individual-patient-based care, Dr. Reed continued. "It's very easy to recognize the needs of patients who are sitting in the office. It's harder to keep the needs of the unseen patient in mind. We are going to need to assess the full spectrum of care for each patient and for populations of patients. We're going to have to think about their needs in terms of prevention and education, as well as their acute care and chronic care needs."

To help assess and improve service quality, Dr. Reed advised physicians to use patient satisfaction surveys. "It is critical to find out what your patients really want of you. And what is true for a certain block of patients is not necessarily true for another block of patients. Medicare patients may have an entirely different list of demands and needs than a population of working mothers, for example. Staff courtesy and professionalism have been found in our area to be very important."

To help balance financial realities with quality patient care, "we're going to need to determine and put forth some ideas about alternative care methods," Dr. Reed said. "Some care can be switched from an expensive setting to a less expensive setting without changing the quality of the outcome." For example, some care could be transferred to a home setting. "We, as physicians, can make those determinations. We are uniquely qualified to pose some alternatives to the care that we're currently delivering." ■

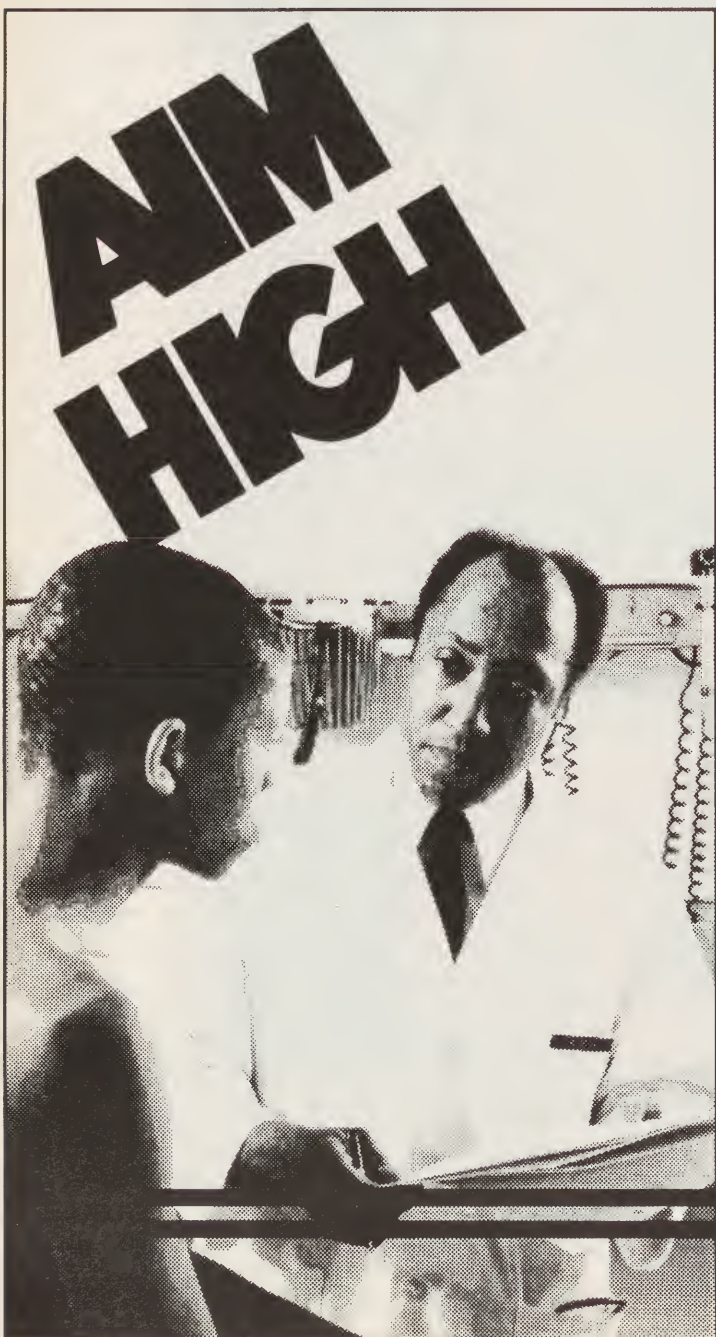
CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



What's what in managed care

To understand managed care, it helps to know the terminology. The following are some terms and definitions excerpted from the Society's MSO conceptual business plan, which was approved Sept. 16 by ISMS' Board of Trustees.

Capitation: A stipulated dollar amount established to cover the cost of health care delivered for a person. The term usually refers to a negotiated per capita rate to be paid periodically, usually monthly, to a health care provider or physician. The provider or physician is responsible for delivering or arranging for the delivery of all health services required by the covered person under the conditions of the provider contract.

Group practice without walls: Most often, a network of physicians who have formed a single legal entity but maintain their individual practices. The assets of individual practices may be acquired by a larger entity, but some autonomy is retained at each site. The central management provides administrative support.

Health maintenance organization: An entity that provides, offers or arranges for coverage of designated health services needed by plan members for a fixed, prepaid premium. There are four basic models of HMOs: group model, individual practice association, network model and staff model.

Individual practice association model HMO: A health care model that contracts with an entity, which in turn contracts with physicians, to provide health care services in return for a negotiated fee. Physicians continue in their existing individual or group practices and are compensated on a per capita, fee schedule or fee-for-service basis.

Integrated delivery system: A generic term referring to a joint effort of physician-hospital integration for a variety of purposes. Some models of integration include a physician hospital organization, management services organization, group practice without walls, integrated provider organization and provider foundation.

Management services organization: A legal entity that provides practice management, administrative and support services to individual physicians or group practices. An MSO may be a direct subsidiary of a hospital or other entity or may be owned by investors.

Network model HMO: An HMO type in which the HMO contracts with more than one physician group and may contract with single- and multi-specialty groups. The physician works out of his or her own office. The physician may share in utilization savings, but does not necessarily provide care exclusively for HMO members.

Physician-hospital organization: A legal entity formed and owned by one or more hospitals and physician groups in order to obtain payer contracts and to further mutual interests. The PHO serves as a negotiating, contracting and marketing unit.

Physician organization: An organization that is composed of 100 percent physicians or medical groups.

Point-of-service plan: A health plan allowing the covered person to choose to receive a service from a participating or nonparticipating provider, with different benefit levels associated with the use of participating providers.

Pool (risk pool): A defined account (e.g.,

defined by use, geographic location, claims dollars above a threshold) to which revenue and expenses are posted.

Preferred provider organization: A program in which contracts are established with providers of medical care. Providers under contract are referred to as preferred providers. Usually, the benefit contract provides significantly better benefits for services provided by preferred providers. Covered individuals are generally allowed benefits for nonparticipating providers' services, usually on an indemnity basis with significant copayments. Physicians may be, but are not

necessarily, paid on a discounted fee-for-service basis.

Self-funded, self-insured: A health care program in which employers fund benefit plans from their own resources without purchasing insurance. Such plans are "ERISA-exempt"; i.e., they are exempt from state insurance codes.

Staff model HMO: A health care model that employs physicians to provide health care to its members. Premiums and other revenues accrue to the HMO, which compensates physicians by salary and incentive programs. ■



WE CAN SAVE YOU BOTH.

Everyone agrees that it's important to stay current. But who can keep up in this day and age of explosive new information?

We discover the key meetings—so you don't have to. Audio-Digest saves you the time and expense of traveling to meetings. Every year, we exhaustively cover more than 350 major meetings, seminars and postgraduate courses in 13 specialties. Then, because a 1-hour talk may contain only 30 minutes of true substance, we painstakingly edit so that you hear only the "meat" of the presentation—in less time, with no loss of important content.

Perhaps best of all, you stay current on **YOUR OWN TIME**. You listen when **YOU** want—at home, in the office between patients, while you're driving, while you're exercising. It's up to you.

You think, "It can't be that easy." We say it can.
For more information and a **FREE SAMPLE CASSETTE**,
call **1-800-423-2308** now. It will cost you nothing for the call.
AND IT COULD SAVE YOU A GREAT DEAL.



Audio-Digest Foundation®

All medical courses are planned and produced in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Essentials. Program tapes are presented by Audio-Digest Foundation, a subsidiary of the California Medical Association. The California Medical Association is accredited by the ACCME to sponsor continuing medical education for physicians.

Each Audio-Digest program is approved for up to 2 hours of Category I credit, and may be applied toward the American Medical Association's Physician's Recognition Award and additional credit where designated by qualified boards and associations, including being acceptable for 96 hours annually of prescribed credit by the American Academy of Family Physicians.

'Ticketing' encourages safe rides

HELMETS: Children who wear helmets get rewards. BY MINDY S. KOLOF

[ZION] It's no accident that Zion mother Karen Myers is the impetus behind a local program that rewards children who wear safety helmets while biking or in-line skating. Kids who wear helmets can receive tickets that can be redeemed for treats like ice cream cones or movie tickets from area merchants. Myers knows all too well the risks of not wearing a helmet, even once.

Six years ago, her son, a faithful helmet wearer, was late for school and couldn't find his protective headgear. He hopped on his bike without it, and when a car struck him, he suffered a closed head injury, resulting in permanent brain damage.

Myers started doing volunteer work for the Illinois chapter of the National Safe Kids Campaign – a national organization dedicated to the prevention of childhood injuries, the No. 1 killer of children, according to Teri Crawley, coordinator for the Chicagoland Safe Kids Campaign. Myers convinced the Zion and Winthrop Harbor police departments to introduce the ticketing program – one of several the National Safe Kids group suggested – in their communities. Since July, police have given about 125 children on bikes and roller blades tickets that read "Congratulations, you've been caught riding safely," reported Zion police Lt. Greg Nugent.

The program has really caught on, Nugent said. "Kids are even stopping by the station to show us their helmets and receive their ticket." Similar programs also exist in Vernon Hills and Des Plaines, said police in those communities.

That's good news for area pediatricians, who routinely use office visits as a forum for encouraging young patients to wear helmets. "This type of program is so much more productive than one emphasizing punishment," said Albino Bismonte Jr., MD, a Gurnee pediatrician and ISMS First District trustee. "I've seen lots of accidents with head injuries that could have been prevented if helmets were worn."

All the helmet parts – inner and outer shells, straps and buckles – work together to prevent injury, said Crawley. The buckles and straps keep the helmet from flying off, and in a crash, the inner shell crushes and absorbs most of the impact. It is this shock-absorbing feature that is most important, said Dr. Bismonte. Lessening the impact of a fall reduces external and, most significantly, internal injuries.

"The biggest concern is the brain," Dr. Bismonte explained. "The helmet absorbing the impact there is vital to preventing serious damage."

Statistics published by the National Safe Kids Campaign are alarming: More than 800 people die in bicycle accidents each year, and thousands more suffer serious head and brain injuries. And although Safe Kids reports that bike helmets have been shown to reduce the risk of head and brain injury by almost 90 percent, the group's data show that only 5 percent of child cyclists use them.

That makes helmets more crucial to public safety than even seat belts, which reduce injuries from accidents by roughly 50 percent, said Bill Wittert, MD, a

Northbrook pediatrician. And that's why he encourages his young patients to wear them right from the start. "It's much more difficult to convince an 8-year-old to wear one," he said. Initiatives like that of the Zion Police Department are key to reducing mortality from accidents involving bikes and, increasingly, roller blades, Dr. Wittert said.

"The program not only rewards correct behavior, but increases parent and community awareness of the importance of wearing helmets," he added.

The program is a "great opportunity for kids to take the lead and say to Mom and Dad, a younger brother or sister, or even a peer, 'I know that helmets are important, and I'm going to wear mine,'" said Martin Eichelberger, MD, director of Trauma Services at Children's National Medical Center in Washington, D.C., and president of the National Safe Kids Campaign. Helmets should be approved by the American National Standards Institute or Snell Memorial

Foundation, according to National Safe Kids. Only helmets carrying those safety approval labels have passed laboratory crash tests and are safe to use. Safe Kids is working toward a mandatory helmet standard, Dr. Eichelberger said.

ISMS House of Delegates policy states that all bicycle riders 16 and under should wear helmets when riding a bicycle and directs the Society to work with the Illinois Chapter of the American Academy of Pediatrics toward passage of a bill requiring bicycle-riding children to wear helmets. The Governmental Affairs Council is currently reviewing draft legislation. ■



- First-line monotherapy in children 6 years of age or older and adults
- Controls partial seizures^{1,2}; partial seizures, secondarily generalized^{1,2}; and generalized tonic-clonic seizures³
- Low risk of cognitive impairment⁴⁻⁶ and cosmetic side effects^{1,2,6}

Tegretol is indicated as first-line monotherapy for the treatment of partial, secondarily generalized, and generalized tonic-clonic seizures in children 6 years of age or older and adults. The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. Although reports of transient or persistent decreased platelet or white blood cell counts are not uncommon in association

IDPH to conduct physician survey

QUESTIONNAIRE: Department seeks feedback about proposed system to track children's vaccine histories. BY KATHLEEN FUREORE

[CHICAGO] The Illinois Department of Public Health will distribute a questionnaire this month to determine physicians' interest in a statewide immunization information system, according to IDPH Director John Lumpkin, MD. "This [proposed] automated, centrally based computer system would track immunization histories of children and

would allow health care providers to confidentially exchange immunization information," Dr. Lumpkin explained in the letter that will accompany the survey.

The questionnaire asks physicians whether they use a manual or computerized immunization record-keeping system, whether they have an office computer and modem and what they per-

ceive as the benefits and barriers of participating in the proposed immunization information system. It also asks whether physicians would be willing to submit patient immunization data to a central registry if they were allowed by law to share immunization information.

IDPH is seeking to craft legislation to develop and implement such a central

registry, according to an ISMS analyst. The Illinois Immunization Registry would maintain a comprehensive record of children and their immunization histories. It would be fully integrated with medical information systems used by public health clinics and other publicly funded clinics throughout the state, the IDPH proposal said.

ISMS' Council on Medical Services is closely monitoring the registry proposal, according to the ISMS analyst. "We need to address whether [reporting information to] the registry would be mandatory and what provisions would be used to encourage physicians to report." ■

THEIR SECURITY BLANKET...



Tegretol®

200-mg scored tablets
100-mg chewable tablets
Suspension, 100 mg/5 ml

CibaGeneva
PHARMACEUTICALS

carbamazepine USP

Tried...True...Trusted for more than 25 years

with the use of Tegretol, the vast majority of cases of leukopenia have not progressed to the more serious conditions of aplastic anemia or agranulocytosis. When initiating therapy with Tegretol, obtain complete pretreatment hematologic testing as a baseline. Please consult brief summary of Prescribing Information and references on next page.

©1995, Ciba-Geigy Corporation. 318-58202-B

Tegretol®
carbamazepine USP

Chewable Tablets of 100 mg - red-speckled, pink
Tablets of 200 mg - pink
Suspension of 100 mg/5 ml

BRIEF SUMMARY (FOR COMPLETE PRESCRIBING INFORMATION SEE PACKAGE INSERT)

WARNING
APLASTIC ANEMIA AND AGRANULOCYTOSIS HAVE BEEN REPORTED IN ASSOCIATION WITH THE USE OF TEGRETOL. DATA FROM A POPULATION-BASED CASE CONTROL STUDY DEMONSTRATE THAT THE RISK OF DEVELOPING THESE REACTIONS IS 5-8 TIMES GREATER THAN IN THE GENERAL POPULATION. HOWEVER, THE OVERALL RISK OF THESE REACTIONS IN THE UNTREATED GENERAL POPULATION IS LOW. APPROXIMATELY SIX PATIENTS PER ONE MILLION POPULATION PER YEAR FOR AGRANULOCYTOSIS AND TWO PATIENTS PER ONE MILLION POPULATION PER YEAR FOR APLASTIC ANEMIA.

ALTHOUGH REPORTS OF TRANSIENT OR PERSISTENT DECREASED PLATELET OR WHITE BLOOD CELL COUNTS ARE NOT UNCOMMON IN ASSOCIATION WITH THE USE OF TEGRETOL, DATA ARE NOT AVAILABLE TO ESTIMATE ACCURATELY THEIR INCIDENCE OR OUTCOME. HOWEVER, THE VAST MAJORITY OF THE CASES OF LEUKOPENIA HAVE NOT PROGRESSED TO THE MORE SERIOUS CONDITIONS OF APLASTIC ANEMIA OR AGRANULOCYTOSIS.

BECAUSE OF THE VERY LOW INCIDENCE OF AGRANULOCYTOSIS AND APLASTIC ANEMIA, THE VAST MAJORITY OF MINOR HEMATOLOGIC CHANGES OBSERVED IN MONITORING OF PATIENTS ON TEGRETOL ARE UNLIKELY TO SIGNAL THE OCCURRENCE OF EITHER ABNORMALITY. NONETHELESS, COMPLETE PRETREATMENT HEMATOLOGICAL TESTING SHOULD BE OBTAINED AS A BASELINE. IF A PATIENT IN THE COURSE OF TREATMENT EXHIBITS LOW OR DECREASED WHITE BLOOD CELL OR PLATELET COUNTS, THE PATIENT SHOULD BE MONITORED CLOSELY. DISCONTINUATION OF THE DRUG SHOULD BE CONSIDERED IF ANY EVIDENCE OF SIGNIFICANT BONE MARROW DEPRESSION DEVELOPS.

Before prescribing Tegretol, the physician should be thoroughly familiar with the details of this prescribing information, particularly regarding use with other drugs, especially those which accentuate toxicity potential.

INDICATIONS AND USAGE
Epilepsy: Tegretol is indicated for use as an anticonvulsant drug. Evidence supporting efficacy of Tegretol as an anticonvulsant was derived from active drug-controlled studies that enrolled patients with the following seizure types:
1. Partial seizures with complex symptomatology (psychomotor, temporal lobe). Patients with these seizures appear to show greater improvement than those with other types.
2. Generalized tonic-clonic seizures (grand mal).
3. Mixed seizure patterns which include the above, or other partial or generalized seizures.

Absence seizures (petit mal) do not appear to be controlled by Tegretol (see PRECAUTIONS, General).

Trigeminal Neuralgia: Tegretol is indicated in the treatment of the pain associated with true trigeminal neuralgia.

Beneficial results have also been reported in glossopharyngeal neuralgia.

This drug is not a simple analgesic and should not be used for the relief of trivial aches or pains.

CONTRAINDICATIONS
Tegretol should not be used in patients with a history of previous bone marrow depression, hypersensitivity to the drug, or known sensitivity to any of the tricyclic compounds, such as amitriptyline, desipramine, imipramine, protriptyline, nortriptyline, etc. Likewise, on theoretical grounds its use with monoamine oxidase inhibitors is not recommended. Before administration of Tegretol, MAO inhibitors should be discontinued for a minimum of fourteen days, or longer if the clinical situation permits.

WARNINGS
Patients with a history of adverse hematologic reaction to any drug may be particularly at risk.

Severe dermatologic reactions including toxic epidermal necrolysis (Lyell's syndrome) and Stevens-Johnson syndrome, have been reported with Tegretol. These reactions have been extremely rare. However, a few fatalities have been reported.

Tegretol has shown mild anticholinergic activity; therefore, patients with increased intraocular pressure should be closely observed during therapy.

Because of the relationship of the drug to other tricyclic compounds, the possibility of activation of a latent psychosis and, in elderly patients, of confusion or agitation should be borne in mind.

PRECAUTIONS
General: Before initiating therapy, a detailed history and physical examination should be made.

Tegretol should be used with caution in patients with a mixed seizure disorder that includes atypical absence seizures, since in these patients Tegretol has been associated with increased frequency of generalized convulsions (see INDICATIONS AND USAGE).

Therapy should be prescribed only after critical benefit-to-risk appraisal in patients with a history of cardiac, hepatic or renal damage, adverse hematologic reaction to other drugs, or interrupted courses of therapy with Tegretol.

Since a given dose of Tegretol suspension will produce higher peak levels than the same dose given as the tablet, it is recommended that patients given the suspension be started on lower doses and increased slowly to avoid unwanted side effects (see DOSAGE AND ADMINISTRATION).

Information for Patients: Patients should be made aware of the early toxic signs and symptoms of a potential hematologic problem, such as fever, sore throat, rash, ulcers in the mouth, easy bruising, petechial or purpuric hemorrhage, and should be advised to report to the physician immediately if any such signs or symptoms appear.

Since dizziness and drowsiness may occur, patients should be cautioned about the hazards of operating machinery or automobiles or engaging in other potentially dangerous tasks.

Laboratory Tests: Complete pretreatment blood counts, including platelets and possibly reticulocytes and serum iron, should be obtained as a baseline. If a patient in the course of treatment exhibits low or decreased white blood cell or platelet counts, the patient should be monitored closely. Discontinuation of the drug should be considered if any evidence of significant bone marrow depression develops.

Baseline and periodic evaluations of liver function, particularly in patients with a history of liver disease, must be performed during treatment with this drug since liver damage may occur. The drug should be discontinued immediately in cases of aggravated liver dysfunction or active liver disease.

Baseline and periodic eye examinations, including slit-lamp, funduscopy and tonometry, are recommended since many phenothiazines and related drugs have been shown to cause eye changes.

Baseline and periodic complete urinalysis and BUN determinations are recommended for patients treated with this agent because of observed renal dysfunction.

Monitoring of blood levels (see CLINICAL PHARMACOLOGY) has increased the efficacy and safety of anticonvulsants. This monitoring may be particularly useful in cases of dramatic increase in seizure frequency and for verification of compliance. In addition, measurement of drug serum levels may aid in determining the cause of toxicity when more than one medication is being used.

Thyroid function tests have been reported to show decreased values with Tegretol administered alone.

Hyponatremia has been reported in association with Tegretol use, either alone or in combination with other drugs.

Drug Interactions: The simultaneous administration of phenobarbital, phenytoin, or primidone, or a combination of two, produces a marked lowering of serum levels of Tegretol. The effect of valproic acid on Tegretol blood levels is not clearly established, although an increase in the ratio of active 10, 11-epoxide metabolite to parent compound is a consistent finding.

The half-lives of phenytoin, warfarin, doxycycline, and theophylline were significantly shortened when administered concurrently with Tegretol. Haloperidol and

valproic acid serum levels may be reduced when these drugs are administered with Tegretol. The doses of these drugs may therefore have to be increased when Tegretol is added to the therapeutic regimen.

Concomitant administration of Tegretol with erythromycin, cimetidine, propoxyphene, terfenadine, isoniazid, fluoxetine or calcium channel blockers has been reported to result in elevated plasma levels of total and/or free carbamazepine resulting in toxicity in some cases. Also, concomitant administration of carbamazepine and lithium may increase the risk of neurotoxic side effects.

Alterations of thyroid function have been reported in combination therapy with other anticonvulsant medications.

Breakthrough bleeding has been reported among patients receiving concomitant oral contraceptives and their reliability may be adversely affected.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carbamazepine, when administered to Sprague-Dawley rats for two years in the diet at doses of 25, 75, and 250 mg/kg/day, resulted in a dose-related increase in the incidence of hepatocellular tumors in females and of benign interstitial cell adenomas in the testes of males.

Carbamazepine must, therefore, be considered to be carcinogenic in Sprague-Dawley rats. Bacterial and mammalian mutagenicity studies using carbamazepine produced negative results. The significance of these findings relative to the use of carbamazepine in humans is, at present, unknown.

Pregnancy Category C: Tegretol has been shown to have adverse effects in reproduction studies in rats when given orally in dosages 1025 times the maximum human daily dosage of 1200 mg. In rat teratology studies, 2 of 135 offspring showed kinked ribs at 250 mg/kg and 4 of 119 offspring at 650 mg/kg showed other anomalies (cleft palate, 1; talipes, 1; anophthalmos, 2). In reproduction studies in rats, nursing offspring demonstrated a lack of weight gain and an unkempt appearance at a maternal dosage level of 200 mg/kg.

There are no adequate and well-controlled studies in pregnant women. Epidemiological data suggest that there may be an association between the use of carbamazepine during pregnancy and congenital malformations, including spina bifida. Tegretol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Retrospective case reviews suggest that, compared with monotherapy, there may be a higher prevalence of teratogenic effects associated with the use of anticonvulsants in combination therapy. Therefore, monotherapy is recommended for pregnant women.

It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

Labor and Delivery: The effect of Tegretol on human labor and delivery is unknown.

Nursing Mothers: During lactation, concentration of Tegretol in milk is approximately 60% of the maternal plasma concentration.

Because of the potential for serious adverse reactions in nursing infants from carbamazepine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children below the age of 6 years have not been established.

ADVERSE REACTIONS
If adverse reactions are of such severity that the drug must be discontinued, the physician must be aware that abrupt discontinuation of any anticonvulsant drug in a responsive epileptic patient may lead to seizures or even status epilepticus with its life-threatening hazards.

The most severe adverse reactions have been observed in the hemopoietic system (see boxed WARNING), the skin and the cardiovascular system.

The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. To minimize the possibility of such reactions, therapy should be initiated at the low dosage recommended.

The following additional adverse reactions have been reported

Hemopoietic System: Aplastic anemia, agranulocytosis, pancytopenia, bone marrow depression, thrombocytopenia, leukopenia, leukocytosis, eosinophilia, acute intermittent porphyria

Skin: Pruritic and erythematous rashes, urticaria, toxic epidermal necrolysis (Lyell's syndrome) (see WARNINGS), Stevens-Johnson syndrome (see WARNINGS), photosensitivity reactions, alterations in skin pigmentation, exfoliative dermatitis, erythema multiforme and nodosum, purpura, aggravation of disseminated lupus erythematosus, alopecia, and diaphoresis. In certain cases, discontinuation of therapy may be necessary. Isolated cases of hirsutism have been reported, but a causal relationship is not clear.

Cardiovascular System: Congestive heart failure, edema, aggravation of hypertension, hypotension, syncope and collapse, aggravation of coronary artery disease, arrhythmias and AV block, primary thrombophlebitis, recurrence of thrombophlebitis, and adenopathy or lymphadenopathy.

Some of these cardiovascular complications have resulted in fatalities. Myocardial infarction has been associated with other tricyclic compounds.

Liver: Abnormalities in liver function tests, cholestatic and hepatocellular jaundice, hepatitis.

Respiratory System: Pulmonary hypersensitivity characterized by fever, dyspnea, pneumonitis or pneumonia

Genitourinary System: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, azotemia, renal failure, and impotence. Albuminuria, glycosuria, elevated BUN and microscopic deposits in the urine have also been reported.

Testicular atrophy occurred in rats receiving Tegretol orally from 4 to 52 weeks at dosage levels of 50 to 400 mg/kg/day. Additionally, rats receiving Tegretol in the diet for two years at dosage levels of 25, 75, and 250 mg/kg/day had a dose-related incidence of testicular atrophy and aspermatogenesis. In dogs, it produced a brownish discoloration, presumably a metabolite, in the urinary bladder at dosage levels of 50 mg/kg and higher. Relevance of these findings to humans is unknown.

Nervous System: Dizziness, drowsiness, disturbances of coordination, confusion, headache, fatigue, blurred vision, visual hallucinations, transient diplopia, oculomotor disturbances, nystagmus, speech disturbances, abnormal involuntary movements, peripheral neuritis and paresthesias, depression with agitation, talkativeness, tinnitus, and hyperacusis.

There have been reports of associated paralysis and other symptoms of cerebral arterial insufficiency, but the exact relationship of these reactions to the drug has not been established.

Digestive System: Nausea, vomiting, gastric distress and abdominal pain, diarrhea, constipation, anorexia, and dryness of the mouth and pharynx, including glossitis and stomatitis.

Eyes: Scattered punctate cortical lens opacities, as well as conjunctivitis, have been reported. Although a direct causal relationship has not been established, many phenothiazines and related drugs have been shown to cause eye changes.

Musculoskeletal System: Aching joints and muscles, and leg cramps.

Metabolism: Fever and chills. Inappropriate antidiuretic hormone (ADH) secretion syndrome has been reported. Cases of frank water intoxication, with decreased serum sodium (hyponatremia) and confusion, have been reported in association with Tegretol use (see PRECAUTIONS, Laboratory Tests).

Other: Isolated cases of a lupus erythematosus-like syndrome have been reported. There have been occasional reports of elevated levels of cholesterol, HDL cholesterol and triglycerides in patients taking anticonvulsants.

A case of aseptic meningitis, accompanied by myoclonus and peripheral eosinophilia, has been reported in a patient taking carbamazepine in combination with other medications. The patient was successfully dechallenge, and the meningitis reappeared upon rechallenge with carbamazepine.

Printed in USA

C94-3 (Rev. 3/94)

**BASEL
Pharmaceuticals**

Basel Pharmaceuticals
Ciba-Geigy Corporation
Summit, New Jersey 07901

REFERENCES:
1. Mattson RH, Cramer JA, Collins JF, et al. Comparison of carbamazepine, phenobarbital, phenytoin, and primidone in partial and secondarily generalized tonic-clonic seizures. *N Engl J Med.* 1985;313:145-151.
2. Mattson RH, Cramer JA, Collins JF, et al. A comparison of valproate with carbamazepine for the treatment of complex partial seizures and secondarily generalized tonic-clonic seizures in adults. *N Engl J Med.* 1992;327:765-771.
3. Mikati MA, Browne TR. Comparative efficacy of antiepileptic drugs. *Clin Neuropharmacol.* 1988;11:130-140.
4. Trimble MR. Anticonvulsant drugs and cognitive function: a review of the literature. *Epilepsia.* 1987;28(suppl 3):S37-S45.
5. Smith OB, Mattson RH, Cramer JA, et al. Results of a nationwide Veterans Administration cooperative study comparing the efficacy and toxicity of carbamazepine, phenobarbital, phenytoin, and primidone. *Epilepsia.* 1987;28(suppl 3):S50-S58.
6. Herranz JL, Armijo JA, Artega R. Clinical side effects of phenobarbital, primidone, phenytoin, carbamazepine, and valproate during monotherapy in children. *Epilepsia.* 1988;29:794-804.



FROM REFILL TO REFILL . . .
WHICH CBZ WILL YOUR TEGRETOL
PATIENTS GET NEXT?

Only *you* can prevent substitution when
you Rx Tegretol . . .

- by signing on the line that prevents substitution
— OR adding the phrase required in your state:
- Dispense as Written
— Do Not Substitute
— May Not Substitute
— No Drug Product Selection
— No Substitution

— Medically Necessary
— Brand Necessary
— Brand Medically Necessary (for your Medicaid patients)

**This ensures your patient
receives the Tegretol
branded product YOU
have prescribed.**
Providing ongoing support and commitment
to the epilepsy community

Five TB cases recently diagnosed in Chicago

PUBLIC HEALTH: City health official calls on hospitals to review their infection-control policies and procedures for tuberculosis. BY MARY NOLAN

[CHICAGO] Responding to five cases of multidrug-resistant tuberculosis that occurred in Chicago in September, John Kuharik, director of the Chicago Department of Health's tuberculosis program, called on all hospitals to review their infection-control protocols. All five cases occurred at one hospital on the city's West Side, where a TB-infected patient contaminated four others.

"These are not random cases that occurred. Most of them involved HIV/AIDS-infected patients and [patients with] other pre-existing medical conditions where it is particularly deadly," Kuharik explained. "This hospital was in the process of creating modern isolation rooms so air would not be recirculated."

City health officials have stepped up efforts to track and control this outbreak of multidrug-resistant TB. Seventeen cases of the disease have been identified in Chicago in a little over a year, said health department spokesperson

wrote. "Most affected individuals have had a history of intravenous drug use or methadone use in the West Town and Humboldt Park neighborhoods."

He advised physicians to be highly suspicious of TB, especially in HIV/AIDS patients who have a fever or cough, to report suspected cases of TB to the

health department, to use a four-drug initial regimen for all TB cases, to confirm that every TB case has an adequate plan for completion of therapy and to ensure that hospitals and other related institutions adhere to the CDC's guidelines.

Like the more common strains of TB,

multidrug-resistant tuberculosis is spread through the air, especially from the coughing of an individual with an active case of the disease, according to a health department press release. TB is generally spread only through prolonged contact and sharing of indoor air space, and individuals who live with or share sleeping quarters with a TB patient are at greatest risk. Multidrug-resistant tuberculosis is no more or less contagious than the more common strains of TB, but its resistance to usually effective medications makes it far more dangerous, especially to people with weakened immune systems, the press release said. ■

The incidence of multidrug-resistant TB is increasing in Chicago. Since 1993, 60 patients here have developed tuberculosis.

Tim Hadac. The U.S. Centers for Disease Control and Prevention has provided funds and resources to the city for a designated team to handle the most recent outbreak, according to Craig Conover, the CDC's epidemic intelligence officer responsible for investigating the outbreak. With the CDC's assistance, the city will add a full-service TB program at the West Town Neighborhood Health Center, which will offer prevention, early detection and treatment services, Hadac said. Officials are currently tracing and assessing more than 400 individuals identified as close contacts of the five TB patients, with 200 still at large and in need of an examination, Hadac added.

"We've already called back 178 patients to be tested for TB because of possible exposure. It is time for every hospital to review its policies and procedures to prevent the spread of tuberculosis," Kuharik said. "It is [the hospitals'] duty to protect both patients and staff by adhering to CDC's [infection-control] guidelines on tuberculosis."

William S. Paul, MD, medical director for the city's TB program, also sent a letter on Sept. 11 to most infection-control physicians in Chicago alerting them to the latest developments related to the TB outbreak. "The incidence of multidrug-resistant TB is increasing in Chicago. Since 1993, 60 patients here have developed tuberculosis," Dr. Paul

Lowest Rates for Term Life Available Exclusively Through The Physicians' Benefits Trust Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates (\$500,000 Face Amount/10-Year Rates*)

Enrollment Age	PHYSICIANS' BENEFITS TRUST (CMS/ISMS)		AMERICAN MEDICAL ASSOCIATION		FIRST COLONY	
	Male	Female	Male	Female	Male	Female
35	\$ 375	\$ 320	\$ 545	\$ 495	\$ 450	\$ 380
45	\$ 760	\$ 610	\$1,075	\$ 890	\$ 910	\$ 675
55	\$1,705	\$1,195	\$2,400	\$1,665	\$1,990	\$1,280
65	\$4,670	\$2,825	\$6,475	\$3,880	\$5,260	\$3,055

* 10-Year Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$500,000 Face Amount. 15- and 20-Year Rates available. AMA rates as of July 1995.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A" Excellent rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus . . .

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

Classified Advertising

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Bellevue/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. Ob optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

No assembly lines here. FPs, IMs and Ob/Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Excellent opportunities for physicians in the Chicago and suburban areas. Single- and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Do review! Good financial opportunity for spare hours. Health Direct Inc., a managed care insurance company, near O'Hare Airport, seeks physicians for part-time utilization review. Friendly atmosphere. BC required, UR experience preferred. Call Carol Krasen at (708) 391-9515.

Illinois, southwest of Chicago: Part-time physician. Seeking experienced BC/BE physician for work in a moderate-volume, rapidly growing Level II trauma center hospital 60 miles southwest of the Loop. Excellent compensation, includes paid malpractice. Contact Steven Taller, MD, FACEP, Morris Hospital, 150 W. High St., Morris, IL 60450; (815) 942-2932, ext. 1158.

UIC The University of Illinois
at Chicago

UNIVERSITY OF ILLINOIS AT
CHICAGO
COLLEGE OF MEDICINE
& LIGHTHOUSE INSTITUTE

PRESENT:

DRUG USE IN PREGNANCY:
WOMAN AND CHILD



Featuring: Ira Chasnoff, M.D.

President, National Association for Family
Addiction Research and Education
& Clinical Professor, Department of Pediatrics
The College of Medicine, UIC

When: December 19, 1995 & January 19, 1996

Where: The Palmer House, 17 E. Monroe, Chicago, IL

This educational activity has been jointly planned by the
UIC College of Medicine and Lighthouse Institute.

The University of Illinois at Chicago (UIC) College of Medicine
is accredited by the Accreditation Council for Continuing
Medical Education to sponsor continuing medical education for
physicians.

The University of Illinois at Chicago (UIC) College of Medicine
designates this activity for 6 credit hours in Category I of the
Physician's Recognition Award of the American Medical
Association.

For registration materials or more information contact Connie
Schwartz at 309-827-6026 or FAX 309-829-4661

This Seminar is Free of Charge For All Illinois Physicians

HOOVER & BRASELTON

ATTORNEYS AT LAW

20 NORTH CLARK ST.
SUITE 3600
CHICAGO, IL 60602
312-759-3907

Sam Hoover, MD, JD

Debra Braselton, RN, JD

Thomas J. Keevers, JD

PRIVATE COUNSEL FOR

Licensure Problems
Contract Negotiations
Partnerships and Corporations
Privileges Disputes
Medicare, Medicaid and Insurance
Fraud Allegations
Malpractice Actions
And Other Health Law Issues

Internal medicine – Immediate opening for a board-certified or -prepared internist interested in starting and building a new practice in a newly opened, state-of-the-art outpatient center in Morris, Ill. Position includes a highly competitive financial package and comprehensive benefits with CME and vacation time. Morris, located one hour south of downtown Chicago, provides a terrific environment in which to live and work, with excellent educational facilities and a low cost of living. For more information call Marie Noeth at (800) 438-3745 or fax your CV to (309) 685-2574.

Midwest: Physician-managed group offers excellent full- and part-time emergency medicine, ambulatory care opportunities in Illinois, Indiana, Iowa, Missouri, Wisconsin and surrounding states. Clinical and administrative positions in supportive environments. To learn more about our practice, please contact NES/Midwest, Diane Temple, Director of Physician Recruitment, at (800) 654-6374; fax (708) 654-1203; 440 East Ogden, Hinsdale, IL 60521.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable northwest Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, internal medicine, orthopedic surgery, dermatology and emergency medicine. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits is seeking physicians to join its practice. A trained paramedic will provide transportation and accompany the physician. We are looking for individuals with training in the following areas: internal medicine, geriatrics and family medicine. Full-time compensation is \$120,000 plus benefits. Part-time is guaranteed \$480 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Family practice, internal medicine, Ob/Gyn and urgi-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

Malpractice case evaluation: Board-certified medical experts needed. All specialties. All locations. Defense and plaintiff cases. Excellent remuneration. Interested physicians, please contact and send CV to Barry Gustin, MD, FACEP, American Medical Forensic Specialist, 2991 Shattuck Ave., Suite 302, Berkeley, CA 94705. Phone (510) 549-1693, fax (510) 486-1255.

Locum pediatrician needed. Northwest suburbs. Daytime only for office practice. Dec. 15 to Dec. 30. All or some days. Call (708) 742-9711, days, or (708) 931-6546, evenings.

Internist – downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 611-2777 or fax CV to (414) 784-0727.

Opportunity for physician: Established or newly licensed MD for practice of general medicine. Share in the care of patient clientele. Opportunity for growth and possible assumption of practice. For confidential interview, phone (317) 447-1412 Monday, Tuesday, Thursday, or phone (317) 447-1693 after 4 p.m.

Orthopedic surgeon, Effingham, Ill.: Two orthopedic surgeons with physiatrist, X-ray and fluoroscopy on site, PT on site, 13,000-square-foot office, extremely busy practice. Five-state referral basis is looking for a spinal surgeon. Other positions available in Iowa, Texas, and three in Michigan. For information on these and other specialties nationwide, please contact Avionne P. Allen, Physician's Placement Management Group, 1000 Blythwood Place, Suite C-199, Davenport, IA 52804. Phone (800) 251-6937, fax (800) 289-9754.

Premier Ob/Gyn opportunity! Metropolitan-based hospital seeks board-certified or board-eligible Ob/Gyn to join a modern, financially strong, state-of-the-art facility that specializes in the treatment of women. Access to six OR suites, 14 LDRs 30-plus-bed NICU, two FT neonatologists and Level III nursery. Generous base salary is complemented by excellent benefits and profit sharing.

Take-charge FP needed! Nestled in the heart of Chicago, we offer a challenging opportunity for an aggressive and quality-oriented FP who can develop and direct a state-of-the-art outpatient clinic. We're part of a well-known, 475-bed regional hospital located in beautiful Lincoln Park – one of the nicest areas of town. Your professional rewards include a very competitive salary, complete benefits package and no call coverage. We have some exciting plans for the future of medicine in Chicago. If you possess superior family practice leadership skills, we invite you to investigate this premier FP opportunity. Please call Mark Hanna today at (800) 235-6745.

Fast track: Chicago. Full- or part-time faculty at Mount Sinai Hospital Medical Center. One-third occupational medicine patients. Opportunities for board certification in occupational medicine. Top-dollar compensation and benefits, including CME and medical malpractice insurance. Contact Leslie Zun, MD, at (312) 257-6843.

Illinois/nationwide. Need IM, FP, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Follow your instincts – like the other 35 physicians in the family medicine department! They joined one of the nation's largest multispecialty groups for very good reasons: shared call coverage, strong specialty network and comprehensive salary/benefits. Enjoy autonomy, freedom from office management and protection from high insurance premiums. Opportunities are currently available in a variety of attractive Iowa and Wisconsin locations, including department chairman of family medicine at the main clinic in Wisconsin. For more information, call Susan Pierce at (800) 243-4353.

Situations Wanted

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practicing FP, public aid clinic, MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

Board-certified IM physician seeks part-time, three to four months of primary care work or locum tenens position (summer months only). Page me, (312) 997-1623, anytime.

Experienced, board-eligible diagnostic radiologist available for part-time or full-time position in Chicagoland area. Proficient in all imaging modalities. Call (708) 328-2759.

North Shore suburbs/internal medicine: Northwestern-trained BC internist with busy North Shore private practice is seeking a full- or part-time associate. Independent or employee position is possible. Please send replies to Box 2281, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000 square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Will be available for rent. Location! Location! Location! Surgical and medical specialists center, 8425 South Cottage Grove in Chatham. Brand-new medical office building – 900-square-foot office with five rooms, including a treatment room, store-room, private washroom, receptionist's room (also a general lobby, public washroom and drinking fountain). Suitable for any specialty. Call (312) 723-3300.

Modern family practice for sale – includes ownership of building and equipment. More than 5,700 active patients with 235K gross. Retiring soon – will introduce. Negotiable price under 99K. Call (618) 233-8869.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

Chicago Chicago Chicago



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

Kellie S. Johnson, M.D.
Cleveland, OH

Loan Forgiveness
Smaller towns
Higher incomes
Signing bonuses
1000's of locations

FP Urgent Care
No call/ inpatient
Set hours
Most communities
100's of jobs

Metro Cities
Established groups
Larger call groups
Great facilities
300 cities

Hem/Onc Ohio
Cardiology Texas
Surgery Virginia
Occ Med Ohio
Pulm Kentucky

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington



**The
Curare
Group, Inc.**

NEW OPENINGS DAILY!

(800) 880-2028

Or Fax CV to:

(812) 331-0659

M-F 8:00am-8:00pm

Sat 1-5pm EST

C192MI

For sale: Established eye, plus ear, nose and throat, practice with large patient volume. Surgery and optical dispensing; four or five locations available. Call (312) 337-6904.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovies, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Oak Brook Terrace medical office to share/sublease. Fully furnished, X-ray diagnostic lab, treadmill, Holter, etc. Free-standing building, high visibility, parking (Summit Avenue). Call (708) 629-6700.

Chicago near Edgewater Hospital: 3,100-square-foot medical building. Four suites, X-ray rooms, separate HVAC. Steal for \$139,500. Call Mr. Goldberg, Hallmark & Johnson, (312) 465-8000, ext. 29.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Located in one of the most desirable cities in the United States. One-to-six coverage and a full load of patients immediately. For more information, call Bill Cox, (800) 654-2854.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Miscellaneous

Free laboratory tests (CBC and chemistry) for your patients who cannot afford to pay for this service. Free blood drawn in our facility. Ask for supplies and shipping containers if you want to send by mail. Twenty-four-hour turnaround. UNILAB Inc., Oak Park, Ill., (708) 848-1556.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service; (708) 478-0424.

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing info to AAPN, 11420 S.W. 109 Road, Miami, FL 33176; or call (305) 598-7505.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Physician Financial Services will tackle all your medical billing needs. Are you collecting what you did two to three years ago? We specialize in software with built-in edits, meaning less errors, thereby more money. Updated CPT and ICD-9 codes. Take care of more patients. We'll handle the paperwork. Free computer demonstration and information. Call (312) 391-9183 or write to MBC of Chicago/Lincoln Park, 2424 N. Clark, Suite 620, Chicago, IL 60614.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

"Oops, I forgot." How many times have you heard this? Have you considered how much revenue you are losing from missed appointments? New Computerized Appointment Verification System calls and verifies appointments for you. Call (217) 824-4374 for information. We use the Watson Voice/Telephone Card.

Medical CD-ROMs/software: Free catalog. More than 80 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

For a free first issue (20 pages) of our bimonthly medical newsletter "How to Pass Board of Internal Medicine," mail your self-adhesive address label and \$5 (to cover postage and handling) to Medical Newsletter, 389 East Mt. Pleasant Ave., Livingston, NJ 07030. Also available are similar newsletters: "How to Pass Board of Geriatrics" and "Pearls of Gastroenterology."

INTERNIST ...

Want to share call with eight other internists and live in the Brainerd Lakes area? Immediate and future openings available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital – St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

Inquiries from general internists or internist with sub-specialty interest in pulmonology or rheumatology welcomed.



Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

HAS TORT REFORM REDUCED YOUR MALPRACTICE INSURANCE COSTS



**IF NOT, CALL (800) 962-1224
FOR COST-EFFECTIVE
MALPRACTICE INSURANCE.**

Call us, at no obligation, about cost-effective and top-rated malpractice insurance that is available for:

- **Physicians:** regardless of your practice situation.
- **Group practices:** existing and in formation. Traditional and emerging practice settings.
- Any type of **Healthcare Facility** or **Healthcare Delivery System.**

Call (800) 962-1224 for more information, at no obligation, on how you can take advantage of top-rated and cost-effective malpractice insurance alternatives.

**Cunningham
Group**

**1100 Lake Street
Suite 230**

Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

Hospital attorneys

(Continued from page 1)

agreement and two years thereafter. Dr. Berlin resigned in February 1994 and immediately began working for the Carle Clinic Association, one mile from the hospital. Sarah Bush Lincoln filed suit to enjoin him from practicing at Carle. Ultimately, Dr. Berlin left Carle and set up a private practice, but he filed suit against the hospital, seeking a declaratory judgment that the contract's restrictive covenant was unenforceable.

The ruling is significant because it states that only individuals licensed to practice medicine – not hospitals – may engage in a medical practice, according to ISMS General Counsel Saul Morse.

"The court's ruling will have a negative effect on how hospitals operate across the state," said forum speaker and lead attorney Michael Duffy. "They may not be able to provide a full range of services for patients. To maintain its accreditation, [my client] must offer comprehensive services."

"Physicians and hospital administrators have worked together for many years, and about 95 percent of those relationships are not employer-employee," Morse countered. "At issue is not whether hospitals can provide complete services, but whether physicians can be controlled by nonphysicians. Physicians will provide the same level of care in the future as they always have."

Another forum speaker, lawyer L. Edward Bryant Jr., said the Berlin decision demonstrates that Illinois law "regarding physician relationships with others is neither clear nor predictable."

However, the court ruling stated, "The activities of Sarah Bush under the contract are clearly at odds with longstanding legislative restrictions on the practice of medicine."

"The main issue this case was tried on is that a hospital has no legal right to prevent a physician from working for a competitor within [the hospital's] service area," said Dr. Berlin's attorney, Cam Dobbins, of Dobbins, Fraker, Tenant, Joy & Perlstein in Champaign. Dobbins told Illinois Medicine that Dr. Berlin's contract with Sarah Bush Lincoln violated the Medical Practice Act, which prohibits the corporate practice of medicine and the kind of fee-splitting arrangement in Dr. Berlin's contract.

"The court's decision was based on law that has existed for 40 years. This case just reaffirms the law," Morse said.

Bryant maintained that state statutes have permitted the University of Illinois Hospitals to employ physicians for many years. "The University of Illinois Hospitals are licensed and accredited under the same laws and rules as all other hospitals in the state."

"What [attorneys for Sarah Bush Lincoln] are really saying is that since the University of Illinois Hospitals – fully state-funded institutions, unlike other hospitals – employ physicians through a specific statutory allowance, everyone else should do the same thing," Morse said. "Legal exceptions are just that – exceptions. They are not intended as universal prototypes."

Lawyer William Roach Jr. alleged the court ruling would affect hospital-physician integration, adding that hospitals would be limited in their options to recruit and retain physicians. "More

than 80 percent of physicians want to be employed," he claimed. "It is really the physicians [who are] driving the hospitals to employ them."

It is especially important for hospitals in rural communities across the state to employ physicians, Duffy said. "Otherwise, those institutions would find it hard to obtain certain specialists to meet their community's health care needs." Administrators at Sarah Bush Lincoln, for example, had trouble finding a general surgeon with oncology experience for their staff, he noted, referring to the center's recruitment of Dr. Berlin.

But the court ruling stated: "This case does not involve efforts by Sarah Bush to hire individuals needed to efficiently run its hospital's pathology department or emergency room, for example. Instead, this case involves Sarah Bush's operation of a medical clinic and its employment of a physician to deliver medical treatment and services to the public at its clinic."

"This case is not about how hard it is for smaller communities to find physicians to perform certain procedures," Morse said. "The real issue for hospitals is the level of control over physicians that some hospitals may desire. The fact

that an employment agreement is struck down does not mean that a hospital could not have a management services agreement for that physician's practice. There are alternatives that would give the hospital less control and the physician more control in the practice."

Attorneys for Sarah Bush Lincoln have filed an appeal in the Fourth District Court in Springfield and submitted their legal brief on Oct. 19, according to Duffy. The ISMS Board of Trustees voted Sept. 16 to file an amicus brief urging the court to uphold the decision. Oral arguments are expected to begin in January 1996, Morse noted. ■

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - *Nation's Business*

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - *Linda Picazio, Florida*

"New source for best buys in insurance. One way to get to know the market..." - *Kiplinger's Personal Finance*

"Quotesmith keeps a database of about 350 insurance companies." - *Good Housekeeping*

"Quotesmith offers particularly thorough searches" - *Los Angeles Times*

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - *Forbes*

"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - *SmartMoney*

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - *Money Magazine*

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - *all sorted by lowest cost. Call 24 hrs. per day.*

Quotesmith

Insurance price comparison service

1-800-431-1147

ISMS to work

(Continued from page 1)

gram." Teaming with ISMS gives KePRO access to the state's largest physician base for case review and ensures that each review is a true peer-to-peer process, he added. ISMS-recommended, board-certified physicians in active practice will be matched with the specialty of the case under review.

The performance evaluations will be basic nurse-conducted reviews of the HMO medical records. If problems are detected, ISMS-recommended physician

reviewers will be called in, Dr. Schneider explained. "They're just making sure the HMOs are rendering the services they're being paid for." Currently, there is no review mechanism for Medicaid HMOs, he said.

Such reviews are important because managed care incentives may conflict with patients' desire to obtain high-quality, accessible care and the state's desire to make that care cost-effective, KePRO noted in its proposal to IDPA. "Oversight of managed care providers by a highly qualified review organization is necessary to balance cost-effectiveness with the interests of both the patient and

the state," the proposal said.

ISMS partnered with KePRO because of its impressive Medicaid and HMO review experience. The organization holds Florida's Medicaid HMO review contract, Dr. Schneider said.

The Society also chose KePRO as a partner in bidding for Illinois' Medicare peer review organization contract, and the proposal was submitted to the U.S. Health Care Financing Administration in late September. KePRO was the only entity willing to give ISMS direct policy-making, clinical and financial input. "We talked to other PROs, but we wanted a greater level of involvement than they

were willing to give," Dr. Schneider explained.

The Society pursued the PRO contract because PROs are focusing more on improving quality outcomes rather than punitive activities. "Their attitude has changed from 'We're here to beat up on you' to 'We're here to help you,'" Dr. Schneider added.

"We look forward to working with KePRO on this initial HMO evaluation [process]," Dr. Schneider said. "In the future, it will become an increasingly important activity as the state and federal government encourage more people to enroll in HMOs." ■

Streator physicians

(Continued from page 1)

Helping physicians assume control is one of the goals of the proposed ISMS MSO, he said.

Another goal is to meet the needs of all physicians, Dr. Fesco added. "Not all of our members want to participate in managed care mechanisms, and we, as a medical society, believe that such pluralism is a strength." The MSO is designed to offer programs and services for physicians in a variety of specialties and practice structures.

Asked why an MSO would be preferable to a health care network, Dr. Fesco responded, "[Such a network] would be a competitive force against the efforts of our own members. Instead, we want to give physicians the tools and infrastructure to help them form and operate a capitated physician organization, if they choose.

"The shift to managed care is most definitely reflected in practice patterns in Illinois," Dr. Fesco said. Of course, those patterns vary in different parts of the state. For example, in Streator, plans are under way for St. Mary's and area physicians to form a physician-hospital organization, according to Glen Ricca, MD, a family physician at the hospital. "Though the plans are only at the beginning stages, we, as physicians, know that managed care is here and that we have to do something to compete with other entities," Dr. Ricca told Illinois Medicine that physicians view a PHO as a necessity.

Making decisions about the level of involvement in managed care, the amount of risk to assume and the type of structure to pursue requires careful thought, said Sandra Gill, president of Physician Management Resources and Investment Inc. in Westmont and a participant in the ISMS Consultant Referral Service. To facilitate that process, physicians "need to obtain data about what the environment demands of their practice. This data will better explain what payers, patients and employers in the area are looking for in their health care plans."

Physicians may think that because they're working harder every day, their patient load must be increasing, Gill said. But in reality, physicians typically spend more time on administrative paperwork and may actually be seeing fewer patients than they think, she added.

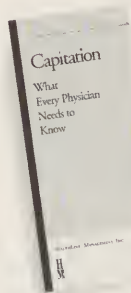
Physicians may be so busy that they miss the opportunity to analyze data about their patients' perceptions of the quality of care they receive and the cost-effectiveness of their practice, she said. Doctors should start by obtaining that data, Gill concluded. ■

That's why doctors bank on HMI physician placement specialists. We know the current trends and employment issues applicable to your specialty. And we ask the questions you may not feel comfortable asking.

But you call the shots. We take into account your talents and desires, while also considering location, lifestyle, cost of living and the needs of your family.

You see, HMI is owned by Saint Louis University and affiliated with its academic Health Sciences Center. So, we work with residents and physicians everyday. We offer an insider's perspective. It's this unique understanding that allows us to cue you into the best opportunities. What's more, none of it comes out of your pocket.

Where Will You End Up If You Don't Know How to Negotiate in the Practice Market?



To get the ball rolling, call HMI.

Call 1-800-443-3901 for more information, or to receive a free copy of our brochure, "Capitation: What Every Physician Needs to Know."



HEALTHLINE® MANAGEMENT, INC.

Physician Placement, Staffing, Billing, Locum Tenens, Practice Management, Credential Verification Services

A wholly owned subsidiary of Saint Louis University



THIS IS HOW SOME COMPANIES FEEL

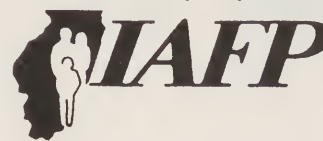
ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“It’s *frustrating* when people who aren’t doctors make decisions that affect my practice. Knowing physicians run ISMIE is such a *relief*. My concerns are their concerns too.”



The government. Health insurers. Hospital administrators. With so many organizations and people who aren't physicians impacting medicine, it helps to have an ally that sees the world the way you do. Like the Illinois State Medical Inter-Insurance Exchange. ISMIE is owned, managed and guided by physicians. That means doctors have input into every decision, from underwriting criteria to risk management programs to the best way to resolve each case. So trust your professional liability coverage to the company that puts physicians' needs first. After all, ISMIE doesn't just insure doctors. We are doctors. Call 1-800-782-4767 for a free ISMIE Resource Guide.

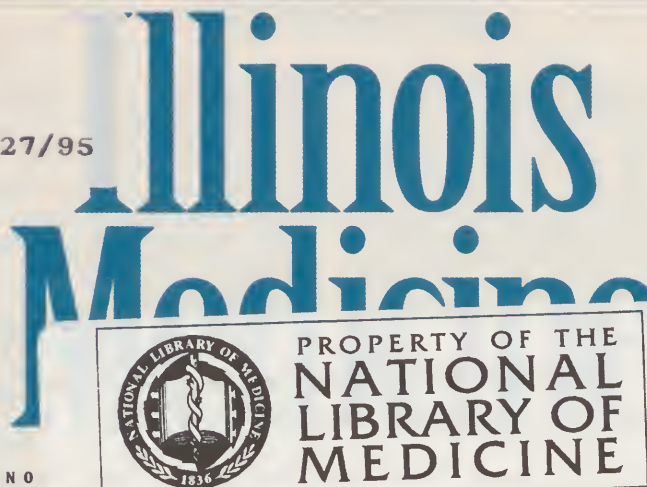
Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

W1 IL417L
V.7 NO.23 1995
C.D1-----SEQ: SR0063601
TI: ILLINOIS MEDICINE

11/27/95

Illinois Appendix Court revises opinion on ECT

PAGE 2



Genetic testing
reveals patients'
medical legacy

PAGE 8

ISMS and MBGH to sponsor employer-provider symposium

ISMS and the Midwest Business Group on Health will sponsor the second employer-provider partnership symposium to be held Thursday, Nov. 30, at the Westin Hotel in Chicago. "Health Reform at the Community Level" will present strategies to improve the health care delivery system in medium and small com-



munities. The daylong program will cover such topics as identifying who is contracting with whom and helping physician groups contract with managed care organizations. Cost for the seminar is \$125.

For more information or to register, contact ISMS at (800) 782-ISMS or (312) 782-1654. ■

Final rule for Stark I law requires physician reporting

UPDATE: Group practices must report to their Medicare carriers by Dec. 12. BY KATHLEEN FUREORE

[WASHINGTON] The U.S. Health Care Financing Administration published its final rule in the Aug. 14 Federal Register, implementing legislation sponsored by U.S. Rep. Pete Stark (D-Calif.) that prohibits physicians from referring Medicare patients for laboratory tests to facilities in which those doctors have a financial stake. The final rule is significant because it adds a reporting requirement for group practices that intend to qualify for group practice exceptions to the Stark I self-referral prohibitions. The reporting deadline is Dec. 12, the final rule said.

According to the rule, a group must submit an initial written statement to its Medicare carrier by Dec. 12, attesting that it met the legislation's qualifications for a group practice during a specific 12-month period chosen by the group. That period can be the calendar year, the fiscal year or the next 12 months. A newly formed group practice will have to submit a written statement saying it expects to meet the Stark group practice criteria "within whatever upcoming 12-month period they have chosen." To qualify as a group under Stark, at least 75 percent of the group members' total patient care services must be

furnished through the group and billed under a billing number assigned to the group. In addition, the payments received must be treated as receipts of the group, the final rule said.

A group's attestation must
(Continued on page 13)

INSIDE

Court grants
ISMS amicus
curiae status in
Berlin case

PAGE 2

DEPARTMENTS

News Briefs2
Commentary4
ISMIE Update7
Classifieds11

Physicians required to use HCFA 1500 claim form Jan. 1

REQUIREMENTS: 'Superbills' can no longer be used to bill patients' insurers.

BY KATHLEEN FUREORE

[SPRINGFIELD] Starting Jan. 1, Illinois physicians and other health care providers will have to file insurance claims on forms adopted by the state Department of Insurance, as a result of legislation signed by Gov. Jim Edgar in September 1994. The Uniform Medical Claim and Billing Forms Act requires "providers of health care or treatment, medical services, dental services, pharmaceutical services or medical equipment" to use the HCFA 1500 universal claim form. "Essentially, we're trying to create uniformity and take some burden off the payers so they're not receiving so many kinds of forms," said Ron Kotowski, assistant deputy director of the Life and Health Compliance Section of the Illinois Department of Insurance.

Physicians will have to use the forms to provide information about a patient's medical diagnosis, treatment and prognosis, as well as to list charges in conformity to the proof requirements

of an insurance policy or a hospital, medical or dental service contract, according to the legislation. The new law and subsequent rules eliminate the use of "superbills" for billing purposes but will not affect physician offices that submit claims to payers electronically, an ISMS analyst said.

ISMS House of Delegates policy advocates the "use of the health insurance claim form [1500] developed by the AMA by all insurance carriers and physicians." But the Society opposes amendments to the act that were proposed by the Department of Insurance and published in the Sept. 1 issue of the Illinois Register, according to ISMS Chairman of the Board of Trustees Ronald G. Welch, MD. Those amendments seek to require physicians to use the HCFA 1500 claim form when billing patients directly. And that "clearly goes beyond the statutory intent," Dr. Welch said in an Oct. 18 letter to DOI Director
(Continued on page 14)

ISMS program analyzes market forces

MANAGED CARE: Physicians are urged to lead managed care entities and support the Society's PSO. BY MARY NOLAN

[CHICAGO] At the Sept. 30 ISMS symposium "Physicians Seizing the Reins of Change," speaker David Harrington read a letter from a physician in DuPage County describing how hospital-driven managed care activity is causing him and his partners to make strategic decisions about their practice. "[This situation] is very indicative of the experience physicians are having in Illinois," said Harrington, an associate with the Chicago consulting firm KarenZupko and Associates, a participant in the Society's Consultant Referral Service.

Citing specific influences in his market, the author of the letter mentioned physician practice management companies that are structured as venture capital companies — that is, they're driven by the stock market and looking for a way into

SERIES

the physician market. He also mentioned an insurance company that is using its capital leverage to acquire physician practices.

"Market forces are creating chaotic changes in health care both nationally and here in Illinois," Harrington said. "The [traditional] insurer-hospital-physician alliance with payers and patients has been declared dysfunctional."

(Continued on page 3)



Harrington

John McNulty

***** ALL FOR STATE
NATIONAL LIB OF MED 00581
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

Court grants ISMS amicus curiae status in Berlin case

[SPRINGFIELD] On Oct. 25, the 4th District Appellate Court in Springfield granted ISMS amicus curiae status in the case of Richard Berlin Jr., MD, the general surgeon whose employment contract with the Sarah Bush Lincoln Health Center in Charleston was ruled unenforceable because the center is licensed as a not-for-profit corporation and consequently cannot engage in medical practice. Joining in the petition seeking amicus curiae status were the Chicago Medical Society, the Lake County Medical Society, the Champaign County Medical Society and the AMA, all of which will be listed as parties on the brief due Nov. 23, according to ISMS General Counsel Saul Morse. The brief will urge the court to uphold the June 15 decision of the Circuit Court of Coles County, which was in favor of Dr. Berlin, he said.

"This case deals with the question of whether corporations can practice medicine and whether hospitals and other corporations can employ physicians," Morse explained. "ISMS' policy always has been that physicians need that independence to be able to make medical judgments without the fear of losing their jobs because of decisions made regarding patient care."

The case stemmed from Dr. Berlin's decision to resign from Sarah Bush Lincoln and begin working at the Carle Clinic Association's Mattoon-Charleston branch one mile from the hospital in

February 1994. The five-year employment agreement he signed with Sarah Bush Lincoln in December 1992 prohibited him from affiliating with "any person, firm or corporation engaged in competition with Hospital in providing health care services within a 50-mile radius" during the term of the agreement and two years thereafter, according to Dr. Berlin's attorney, Cam Dobbins of Dobbins, Fraker, Tenant, Joy and Pearlstein in Champaign. Sarah Bush Lincoln filed suit against Dr. Berlin to enjoin him from practicing at Carle. He ultimately left Carle to set up a private practice, but filed suit against the hospital, seeking a declaratory judgment that the contract's restrictive covenant was unenforceable. The trial court ruled that according to the Medical Practice Act, only individuals licensed to practice medicine may practice.

The kind of fee-splitting arrangement in Dr. Berlin's contract with Sarah Bush Lincoln also was at issue, Morse said. The contract provided that the hospital would set all fees and would have the exclusive right to bill for Dr. Berlin's services. "This case addresses whether physicians can split fees with nonphysicians, which has been unethical. Both [the corporate practice of medicine and fee-splitting] are big issues. For those reasons, we believe this is an important case," he explained.

Oral arguments are expected to begin in January 1996, Morse said. ■

Mammography center opens at Old Orchard shopping mall

[SKOKIE] Illinois' first lady Brenda Edgar presided over the Oct. 19 opening celebration inaugurating the breast health and mammography center at the Nordstrom store in the Old Orchard shopping center. The facility, which debuted October 2, offers mammograms and related education programs, according to Stephen Sener, MD, senior attending oncology surgeon at Evanston and Glenbrook hospitals.

"The more convenient it is for women to have access to mammograms, the more likely it is for them to seek this procedure," Dr. Sener said.

Radiologists from Evanston and Glenbrook hospitals read the X-rays, which are taken with a low-dose mammography unit. And oncologists from both hospitals will take part in the ongoing series of breast health seminars, the hospitals' spokesperson said.

Patients whose physicians are not affiliated with either of the two hospitals are welcome at the center. Test results are always sent to a woman's doctor, the spokesperson noted. "Our aim is to encourage women to seek mammography services. This is just another way to reach them," he said.

Studies show that annual mammograms and regular breast exams reduce the number of breast cancer deaths by one-third for women over 50, according to a news release from the hospitals. The five-year survival rate for women with breast cancers that have not metastasized is as high as 95 percent.

The hospitals chose Nordstrom because of a relationship they established with the retailer last fall. "They had an opening gala and donated \$100,000 to our Breast Cancer Evaluation Center," the spokesperson said. ■

IDPR seeks candidates for medical coordinator position

[SPRINGFIELD] The Illinois Department of Professional Regulation is seeking physician candidates for the position of chief medical coordinator. The position is full time and requires formulating medical opinions in department investigations. The medical coordinator fills the role of chief enforcement officer of the Medical Practice Act, serving the Cook County area and maintaining office hours at the department's Chicago office.

Major responsibilities include reviewing complaints to the department; rendering expert medical opinions to the Medical Complaint Committee and the Medical Disciplinary Board; determining whether physicians have satisfactorily completed a program of care, counseling

and treatment; monitoring physicians on probation; serving on the Medical Complaint Committee; writing requests for the issuance of subpoenas; and consulting with the director when summary suspension is warranted.

The chief medical coordinator may request immediate investigation of accusations of injury to a member of the public, reports of patient neglect and discrepancies in drug inventories. His or her opinion is used as expert opinion in prosecuting cases.

Resumes for the position of chief medical coordinator should be sent by Dec. 8 to the Illinois Department of Professional Regulation, 100 W. Randolph St., Suite 9-300, Chicago, IL 60601, Attn.: Medical Administration. ■

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Illinois Appellate Court revises opinion on ECT

[CHICAGO] On Oct. 19, the Illinois Appellate Court changed its Sept. 7 opinion regarding the administration of electroconvulsive therapy, according to a news release from the Illinois Psychiatric Society. IPS, ISMS and the Cook County Public Guardian's Office filed amicus briefs requesting that the court remove inaccurate language from its Sept. 7 opinion. IPS also filed a petition for a rehearing, which was denied.

In its original opinion, the Appellate Court wrote that there are "substantial risks associated with ECT, such as fractures, memory loss, confusion, delirium and death." That language was removed from the revised opinion. The court also made clear that its ruling was limited to the facts of the case in question, saying, "We are not holding that ECT many never be in a patient's best interests."

In the case, the Cook County public guardian filed an emergency petition seeking authorization to consent to ECT for 81-year-old Lucille Austwick, who was experiencing chronic depression and dementia and allegedly had refused medication, nutrition and hydration. The trial court granted the petition, but the Appellate Court overturned that decision.

IPS and ISMS requested the change in the Appellate Court's opinion because of

concern that the earlier, inaccurate language would prevent some patients from getting life-saving treatment and might discourage people who need ECT from receiving it, according to the news release.

"We are very appreciative that the Appellate Court changed its language in the Austwick decision. ECT has proved to be a safe and effective treatment for certain kinds of mental illness," said IPS President Daniel Luchins, MD. "It is crucially important that patients receive accurate information about ECT and other mental health treatments, so that lives can be saved and suffering eased." ■

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 23, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

ISMS program

(Continued from page 1)

Those market forces include hospital restructuring, government withdrawal from health care, employers' concerns about their bottom line and the changing financial structure of health care, Harrington explained. "Hospitals, some of which may be nonprofit, are moving very, very rapidly to develop many for-profit arms to involve themselves in the health care marketplace. The capital undergirding health care has shifted dramatically. It had been in the insurance industry, the bond market and the government. [But] the government is retreating from its involvement, trying to withdraw its funds. And the insurance industry has been replaced by direct payment from the employer. So employers' sensitivity to their own bottom line is also driving what occurs in health care."

A push-pull dynamic is evident, he explained. "Many employers, specifically durable goods manufacturers, can no longer sustain the premiums they've been offering. And yet the health care infrastructure is resisting change. Chicago has 5.6 beds per thousand, and the estimated demand for beds today in Chicago is 2.56. If we have twice as many beds as we need, how can we really cut costs in health care when employers want reduced premiums and hospitals aren't closing – without taking more money out of the physician's pocket? We have entrenched organizations that are changing very slowly."

Except for high PPO penetration in the Chicago market, Illinois has experienced slower growth in managed care than other parts of the country, he said. "We have only 18-percent or 19-percent penetration of HMOs. The market so far in Illinois has taken what it has been given, and that's the opportunity to cut costs through PPOs. More than 20 percent of hospitals and physicians are starting integrated delivery systems, and more than 50 percent are moving toward the development of PHOs. What you're going to be hearing is that Chicago needs to look more like Minneapolis or at least move toward [similarity to] Portland, Oregon. Capitation is the shift that needs to occur."

Myths are developing to bolster the proposed direction of change, he continued. "You're all being approached by a lot of people telling you, 'This is the way for you to have change. If you only go along with this much, you can go back to being clinical practitioners.' What is here in place today may not be responsive to what the marketplace is asking for, and you may be sold a bill of goods. Beware of jingoistic proposals," he advised.

"Despite multiple threats, opportunities abound for physicians," Harrington said. "In Illinois, we can learn from others nationally. What we know from others is that now is the time for physician leaders to emerge. My hope is for physicians to emerge as heads of physician-owned and -driven entities."

For physicians who want a leadership role, support will be available through ISMS' proposed Physician Services Organization. "We absolutely support such initiatives because they display two qualities central to success today: a business direction and a sense of urgency," he said. "These two qualities are critical to overcoming the bane to physicians in

today's health care market – inertia."

The goal of the Society's PSO would be to provide physicians throughout the state with a wide range of consulting, practice management and information systems services, according to ISMS' Chairman of the Board of Trustees Ronald G. Welch, MD. "By making a broad mix of services available to physicians, we believe we can significantly improve the medical practice environment for our members."

Harrington explained that initiatives like the PSO are another potential vehicle to help physicians become leaders in marketplace reform statewide. This is

important because "insurers, hospitals and physician practice management companies are already willing to provide leadership if you're not. Corporate America is not waiting. It's raising copayments and deductibles on traditional health insurance."

The future will bring four areas of change, Harrington said. "Clinical changes need to occur – protocols [need to be developed]. Operations need to be simplified. Information systems need to be introduced into health care. The culture of health care needs to shift from the fee-for-service, acute-care orientation to a member-capitated, continuum-of-

care orientation in which physicians are concerned about the members' health, their acute care and their chronic care."

What market forces are demanding is a "30-percent reduction in health care costs within the next three years," Harrington said. "Today's answers will not get us there. The answer needs to come from this group and from this group's interaction in an organization such as the proposed PSO. As physicians, you're well-prepared for innovation in medical care. Without your involvement, we will be without a robust health care institution, and our society will be the poorer as we move into the 21st century." ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT

for Illinois Physicians

BLUE CROSS BLUE SHIELD OF ILLINOIS HOSPITALIZATION IN THE MANAGEMENT OF HYPERTENSION

Blue Cross Blue Shield of Illinois (BCBSI) is committed to interacting and working with physicians to achieve appropriate utilization of health care services. It is in this spirit that BCBSI presents the following information, summarized from some medical literature, that may be of interest and help to physicians.

It is estimated that about 55 million people in the USA have hypertension and that costs may reach \$15 billion each year for their treatment. Many studies have shown that the treatment of hypertension is effective in reducing cerebrovascular and cardiovascular morbidity and mortality.^{1,2} However, an important challenge for physicians is to be cost-effective in the treatment of their hypertensive patients.

In most patients, the ambulatory setting is the most ideal one in which to screen, investigate, diagnose, monitor and manage hypertension. The ambulatory setting is cost-effective and causes minimal inconvenience to patients. Specifically, hospitalization is not indicated for the work-up of hypertensive patients for secondary causes. This can safely be done in the ambulatory setting. However, hospitalization may be necessary for hypertension in the following clinical situations:³

- ▶ Severe and/or uncontrolled pre-eclampsia in a patient who is not a candidate for delivery
- ▶ Hypertensive encephalopathy
- ▶ Malignant hypertension
- ▶ Acute aortic dissection
- ▶ Sympathomimetic drug ingestion
- ▶ Unstable angina
- ▶ Acute cerebrovascular events

It is important to note that, in the above conditions, it is not the level of hypertension that necessitates hospitalization, but the presence of acute and progressive target organ dysfunction. Also, it is usually not necessary to keep the patient in an acute setting until the blood pressure is perfectly controlled. Once the underlying reason (condition) for admission has improved or resolved, further management of hypertension can be continued in an ambulatory setting.

Urgent hypertension (severe high blood pressure without end-organ involvement) can most often safely be managed, by gradually reducing the blood pressure, in an ambulatory setting. Rapid decrease in blood pressure in these cases may be associated with ischemic cerebrovascular accidents.

¹ Herbert PR, et al: Recent evidence on drug therapy of mild to moderate hypertension and decreased risk of coronary heart disease. Arch. Inter. Med. 153:578, 1993.

² VA Cooperative study: Effects of treatment on morbidity in hypertension: II: JAMA 213:1143, 1970.

³ MKSAP 10: American College of Physicians, 1995.

⁴ JNCV Arch. Inter. Med. 153:154-83, 1993.

Illinois Medicine

VOLUME 7, NUMBER 23

NOVEMBER 17, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orlowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD
William E. Kobler, MD	Sylvia Eberle, Alliance

Illinois Medicine Staff

EDITOR, Lynn Koslowsky

WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Predicting the future

Predicting the future used to be a dubious practice involving crystal balls and tarot cards. But medical prognostication has gained legitimacy through recent advances in genetic testing. Discoveries range from the merely interesting red-hair link to the potentially deadly predisposition to cancer, diabetes, cystic fibrosis, and cardiovascular, Huntington's and Alzheimer's diseases.

At least 50 disease-causing genes have already been identified, and tests for a dozen genetic disorders have been developed. Much of this work is being accomplished through the Human Genome Project, whose goal is to decipher the complete genetic code by 2005. The AMA endorses the project.

The feature series that begins in this issue explores genetic testing and is based on interviews with geneticists in Illinois and elsewhere. It raises several issues emerging from this Pandora's box. At what point in a patient's life should genetic testing be done? And should it be done at all if genetic treatment doesn't exist for that disease?

Genetic therapy is in its infancy. Studies published in the New England Journal of Medicine in September indicated that for two lethal inherited diseases, cystic fibrosis and Duchenne muscular dystrophy, the delivery of healthy genes into patients' bodies failed to help them. An editorial in the journal explained that early failings are understandable in a field that is only five years old and in which the tools are "quite crude."

For patients, the problems are many – high expectations perhaps based on misleading information from media coverage, the potential impact on quality of life for those who learn they have a genetic disorder that will be manifested as debilitating disease and the possibility of employer and insurer discrimination based on test results. The Health Insurance Association of America has already said that when patients choose to undergo genetic testing, insurance companies should be able to weigh the results as they would any other medical record.

In a first-person story in the New York Times, a writer whose father died of hypertrophic cardiomyopathy, described his anguish in deciding whether to undergo genetic testing. He had been told that he had a 50-50 chance of having inherited the gene. "At what point do we stop letting our new knowledge about the influence of genes upon our lives influence our life's choices? Had my father gone for a test and learned of his alleged HCM gene, would he have chosen not to have had the family of seven that has thus far – for reasons no geneticist can explain – emerged completely unscathed? And even if some of us develop symptoms in the coming years, haven't we already had substantive lives, relatively pain-free, good lives compared with what some people have to endure?"

For all physicians, the challenge will be to help our patients understand genetic risk and protect their confidentiality. ■

PRESIDENT'S LETTER

Rockford doc does well in the big city

Raymond E. Hoffmann, MD



Those of us who have had the opportunity to help patients through birth, illnesses and death are not like others.

This letter about a Rockford doctor who has done well could be about any one of many physicians. Like doctors in other communities, many "graduates" of the Rockford medical community have done well in big cities recently. But since the task of writing this letter falls to me, I have the opportunity to choose to recognize a doctor whom I think has done especially well. There is a lot of competition for that recognition, though. Rockford physicians have been members of state government boards and have become community leaders. Some of our physicians have served as presidents of state organizations and on national specialty society boards.

You might wonder if I'm referring to Robert Klint, MD. He has contributed greatly to the Rockford and Illinois medical communities. He began as a pediatric cardiologist, then became the CEO of SwedishAmerican Hospital. In both areas he excelled. This past year he has served effectively as chairman of the Board of Trustees of the Illinois Hospital and HealthSystems Association. With a physician leading IHHA, our organizations have been brought closer together, and we now have ongoing discussions about projects of mutual interest. Although he has done well through his Chicago-based organization, he is not the subject of this letter.

All of us in Rockford are proud of a favorite son who has become arguably the most influential physician in the United States today. P. John Seward, MD, has eclipsed us all here in Rockford. Since June 1994, he has served as chairman of the Board of Trustees of the AMA. Consequently, he represented us in many discussions with leaders of President Clinton's health care team and through the attempted reform of the U.S. health care system. Now he has been talking with House Republicans during the Medicare debate.

I met John on a lobbying bus trip to Springfield about 18 years ago. We spent a lot of time talking that day during the eight hours

on that Winnebago RV. Rockford physicians have watched as he became the first ISMS trustee from our northwest Illinois district, then president of ISMS. He even had enough community interest to become elected the only physician coroner in Illinois. There are stories of him in those days that show him mostly as an able physician leader. His stories about his president's tour are fascinating.

His past few years as AMA delegate, member and then chair of the AMA Council on Legislation, trustee of the AMA and now chairman of the Board of Trustees have taken him away from us here in Rockford. He still occasionally sends me a patient who needs a surgical evaluation, but since we've both gotten busier, those referrals are fewer.

It appeared that he was in line to become the AMA's next president-elect, but instead he has assumed the task of being the executive vice president of the AMA. He will head the staff and be the chief facilitator for the officers of the organization. That is no small task in these days of increasing external pressures and increasing evidence of diverging internal interests. He certainly brings with him years of political experience in both the medical and civic arenas. This can only help him build consensus in his new role.

His most important qualification is his years of being a physician. Those of us who have had the opportunity to help patients through birth, illnesses and death are not like others. We have a different viewpoint that cannot be learned from classes or books. That patient-based perspective is absolutely necessary as market forces change our health care system.

The hundreds of Rockford-based physicians join with the thousands of Illinois physicians to offer our help and wish him the best on behalf of our patients, our profession and our federation of medical societies. ■

GUEST EDITORIAL

The failures of cheap health care

By Joan Beck

Reprinted by permission: Tribune Media Services

PKU (phenylketonuria) is a nasty genetic disease. Its victims are severely retarded. They are also hyperactive, agitated, destructive, violent, almost impossible for even the most devoted families to care for at home.

In one of the great medical triumphs of recent decades, scientists discovered how to detect infants who have the metabolic defect that causes this terrible disorder (parents carry a recessive gene and have no signs of the disease themselves). Adjusting the diet of afflicted children starting in early infancy can prevent the severe brain damage.

But now PKU may become a new cautionary tale – a warning that the cost cutting of managed health organizations and insurers may undermine what is, for now, the best medical care in the world.

The problem is this: The screening test for PKU – using a drop of blood from a newborn's heel – is most reliable when given 24 hours after a baby has been fed protein, usually the second or third day after birth. Undiagnosed and untreated, babies with PKU will seem normal for months, until the accumulating, irreversible brain damage becomes evident in their behavior.

So successful and easy is PKU screening that all states now require it. In 1991, 4,226,693 tests were done; 333 confirmed cases were found – 333 individuals who were saved from devastating mental retardation in one year alone.

Now the worrisome efforts of HMOs and health insurers to push mothers and newborns out of the hospital in 24 hours or less are threatening to disrupt PKU testing and essential screening for several other severe genetic disorders. Screening tests are often inaccurate if they are done too soon after birth. But many of the hospitals that send newborns home within 24 hours of birth screen them too early anyway.

Supposedly the problem can be solved by telling mothers to bring their babies back to the hospital in a day or two for testing or sending a visiting nurse to the home to get the blood sample or retesting the infants later. But this isn't working well enough. In Massachusetts last year, for example, half of the newborns who were sent home before they had been screened were never tested.

"In every state the newborn screening program is distressed," wrote Dr. Seymour Charles and Dr. Barry Prystowsky in the current issue of *Pediatrics*. "This disruption of the national newborn screening program is a genuine health crisis that will affect many innocent families."

Pediatrics this month is full of medical concern about the growing trend to discharge mothers and newborns from the hospital quickly – the better to save money for HMOs and insurers. In the western United States, it's already standard to allow new moms and babies to stay only 12 to 24 hours or less after birth, the pediatricians' journal reports.

Among the concerns about "drive-by deliveries" are the physiologic changes both new mothers and newborns experi-

ence on the second and third days after birth, *Pediatrics* says. Feeding routines are usually not well-established in the first 24 hours. Neonatal cardiac and gastrointestinal problems usually aren't evident for a day or two after birth. Neonatal jaundice is most easily detected about the third day.

Most of the few studies about the hazards of early discharge are scientifically flawed, says *Pediatrics*. But several do show increases in problems, even with careful screening and early follow-up. The hazards of early discharge are especially great for low-income mothers and infants, many of whom don't return for required checkups within 48 hours of leaving the hospital.

What's critically important for the health of mothers and babies is not standardized rules but clinical judgment, concludes a report by the Maternal and Child Health Bureau of the Health Resources and Services Administration.

But clinical judgment is just what's being pushed aside by the new managed care rules about how long mothers and babies can stay in the hospital after birth and how much follow-up care they get.

Objections to the arbitrary, early discharge of moms and babies have already been raised – without result – by many national and state medical groups, including the American Medical Association and the American College of Obstetricians and Gynecologists.

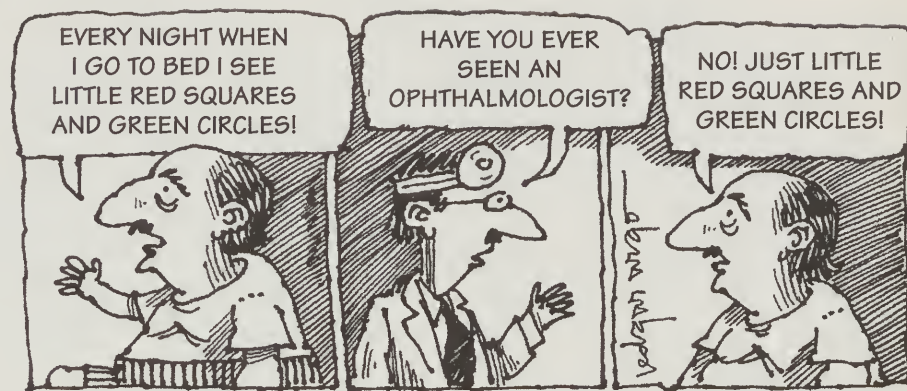
Now efforts are being made to pass state and federal laws requiring a minimum hospital stay of 48 hours for mothers and newborns (96 hours for women who have had a Caesarean section). New Jersey has already passed such legislation.

Advocates of managed care as a free-market answer to the nation's health care cost brush off such concerns. They say the system will self-correct if HMOs and insurers have to pay to rehospitalize enough mothers and babies who suffer complications because of early discharge. (But it's not HMOs that will be paying for the lifetime of institutional care for victims of undiagnosed PKU.)

What's really scary is that drive-by deliveries may be an early warning of the future of managed health care in the United States. HMOs and insurers will keep on squeezing money out of physicians and hospitals by skimping on quality care until they do some real damage to real people – and to what has been the world's best medical care.

So, concerned people and health associations will demand new protective laws, as they are doing with drive-by deliveries. Politicians will become increasingly involved in health care. How much and what kind of medical care we get will become less a matter of physician judgment than political concerns, bureaucratic red tape and the financial need to make profits for the stockholders and executives of HMOs and insurance companies.

Now as new Medicare legislation moves toward final passage, Congress is ready to turn over millions of the elderly to the tender mercies of the managed care cost-cutters. How profitable for them. How worrisome for seniors and their families. ■



GUEST EDITORIAL

The Good Samaritan statute

By Robert A. Clifford

Adapted from *Chicago Lawyer* magazine

Chicagoans were riveted to a story in the news not too long ago when a young boy was pinned under a car following an accident on Interstate Highway 290 near Elk Grove Village.

Strangers came to his rescue, lifting the car off the 4-year-old. One volunteer was a doctor who treated the young boy on the scene, helping to save his life.

That's the story we hear about. But I also heard of another story that was unreported about a Chicago doctor who witnessed an accident and anonymously walked away from the scene for fear of being held liable if he should do something in error under the pressure of the situation.

He is among many doctors who blame the civil justice system for what may be, at worst, their lack of courage and confidence in their own skills, but in all likelihood is a misconception of their protections under the law.

What that doctor and apparently many others don't realize – or simply refuse to acknowledge – is that bystanders like him violate no law, because there is generally no duty to help or even warn a person of imminent danger. And the law in Illinois, in fact, goes much further in immunizing nonrescuers from liability.

But rather than rely on an unselfish spirit in times of distress, every state has enacted some form of a so-called Good Samaritan statute.

In Illinois, legislation was passed in 1962 but was vetoed by Gov. Otto Kerner, who said there was no evidence of any malpractice litigation resulting from physicians' acting as Good Samaritans. He opposed granting to any class of citizens a superior position that legally insulated them from the consequences of their wrongful conduct. New York's Gov. Nelson Rockefeller vetoed a similar bill that year for similar reasons.

But in 1965 Illinois passed a Good Samaritan statute that absolved physicians from civil liability for rendering emergency care at the scene of an accident. The doctrine is clear: A volunteer, without fault, who helps one in danger is required to use only that degree of care that would be used by an ordinarily careful person when taking such danger into consideration.

This so-called emergency doctrine is not applied as a defense, but rather as a rule of law that allows the emergency to be a factor considered in judging the

doctor's conduct.

Illinois courts have applied this doctrine with great latitude in an effort to encourage volunteerism. The legislature also enacted a statute that exempts from liability anyone who attempts to help – or fails to help – a choking person in a restaurant. And the Good Samaritan statute has been applied even in a hospital setting.

In *Villamil vs. Benages*, the court granted tort immunity to a family physician who delivered a premature baby when the obstetrician on call could not be located. The mother had been at the hospital more than two hours. During the quick delivery, the baby fell to the floor and later died.

The family physician, who did not charge the patient for his services, first learned of the woman's condition in the hospital's delivery room. The court found that the Good Samaritan statute insulated the doctor from liability.

At the Illinois State Medical Society's 1995 Annual Meeting, physician delegates endorsed a proposal that would broaden the state's Good Samaritan statute by protecting unpaid volunteers of nonprofit companies or social service agencies who transport patients or the elderly to obtain medical services. Legislation is being developed for introduction at the next opportunity.

"Charitable" acts took yet another step in Springfield with the passage of H.B. 355 during the last legislative session. The bill provides immunization from liability not only for free medical clinics that treat indigent patients but also for any further treatment the patient may receive at the doctor's office upon the clinic's referral.

There are no empirical data demonstrating a proliferation of lawsuits against doctors who render emergency "roadside" care. So will this expansion of the current law encourage volunteerism?

It should. The law in Illinois is designed to do just that. And well-intentioned, but perhaps misinformed, physicians should not fear stepping forward to help those in need. That is what all professionals are – or should be – about. ■

Robert A. Clifford is a plaintiff attorney and a former president of the Illinois Trial Lawyers Association. He is also principal partner of Clifford Law Offices, a Chicago law firm that concentrates on medical negligence, aviation, product liability and personal injury law.



"I have a very select practice."

DR. ARTHUR WILLIAMS, DIRECTOR OF HEALTH SERVICES
SOUTHSIDE HEALTHCARE, INC., ATLANTA, GA

Dr. Williams doesn't see just anyone.
Only those who need him most.

As director of health services at Southside Healthcare, one of the nation's five largest community health centers, Dr. Williams oversees a team of health care professionals that managed 153,000 patient visits last year.

Dr. Williams' career reflects his commitment. He worked as a pharmacist, then went back to school and earned his MD. He paid for medical school by committing to work three years at a community health center — Southside. Nine years later, he's still there, still giving.

The Sharing the Care program donates Pfizer's full line of single-source pharmaceuticals to medically uninsured, low-income patients of federally qualified centers like Southside, in support of those who, like Dr. Williams, are part of the cure.

Sharing the Care: A Pharmaceuticals Access Program is a joint effort of the National Governors' Association, the National Association of Community Health Centers and Pfizer.



We're part of the cure.

ISMIE Update

*Watch for
coverage of risk
management
for attending
physicians*

Reducing liability in the emergency room

Limited knowledge of patients' health histories creates special challenges for emergency room doctors. BY KATHLEEN FURORE

Most physicians have the opportunity to discuss a patient's past health problems and current complaints before making a diagnosis and pursuing treatment. But emergency room doctors routinely treat people they've never seen, often at a time when getting a health history takes a backseat to saving a life. And that poses special liability risks for ER doctors, defense attorneys said.

"The No. 1 risk that ER doctors face is that they have no prior contact or involvement with patients. Patients are coming in cold to them. And sometimes those patients can't even give any history," explained attorney Chad Castro of Chicago's Lord, Bissell & Brook. "It is more difficult for emergency room doctors to treat patients because of the lack of information than it is for someone who has given a patient prior care and established continuity of care."

An emergency room physician, for example, might be called to help an unconscious patient who is unaccompanied by a family member or friend. "Say an EMT brings in someone who has been found on the

floor. Who knows if [the patient had] a heart attack or what happened?" said attorney Bob Baron of Rooks, Pitts & Poust in Joliet. "Getting a proper history is sometimes difficult, and that can expose ER doctors to lawsuits."

Failure to diagnose an illness is the most common cause of bad outcomes that lead to lawsuits in emergency room medicine, the attorneys said. The nature of ER medicine leads physicians to focus on patients' major, presenting complaints. In the process, they sometimes overlook other symptoms that could be problematic, Baron said. "They're not always paying as much attention to other things that are going on. They can't focus on side complaints, which also could be major. There may be a failure to diagnose an underlying heart problem, for example."

Undiagnosed myocardial infarction, in fact, is one of the biggest areas of malpractice litigation for ER doctors. "One of the highest areas of litigation [in emergency medicine] is sending home a patient with chest pains who ends up having a heart

attack or dropping dead," said Scott Cooper, MD, an ER physician at Saint Francis Hospital & Health Center in Blue Island.

"[Undiagnosed MI] is by far the misdiagnosis I've seen the most," Castro echoed. "A doctor gives the patient Mylanta, it seems to resolve [the symptoms], the patient has a nondiagnostic EKG, and the patient wants to go home. I can't tell you how many of those cases I've seen."

The inability to provide follow-up care and establish ongoing relationships with patients also makes ER physicians susceptible to malpractice action. "There is so much volume — we see thousands of patients [for whom] we often don't have a complete history," Dr. Cooper said. "And there's no follow-up. So eventually you'll have an illness go undetected and have a bad outcome. And I think if you have a bad outcome and don't have a good rapport with the patient or [his or her] family, it would increase the risk."

Adding to their liability problems is the fact that emergency room doctors are less

likely to complete thorough and accurate documentation. That is due, in part, to the facts that forms typically used for ER record-keeping are very short and emergency room setups are not conducive to dictating notes, the attorneys said. "There always has been a traditional form that is very cramped. It can't accommodate a lot of information, and that can lead to poor records," Baron explained.

"Timing is always tough," Castro added. "For example, sometimes you'll see times of exams that are not always exact. They're not real specific on [documenting] timing in the ER."

While ER physicians can't change the nature of their jobs, they can develop approaches and establish procedures that will minimize their exposure to risk, the attorneys said.

For example, emergency doctors can try to communicate better with patients and patients' families. "When we depose people, they say things like they were waiting five hours and no one came to see them. Most people think they waited too long and didn't get enough attention," Castro said. That perception can increase the chance that patients or their families will file suit if a bad outcome occurs, he noted. "It comes down to personality and how you treat the patient. Even recognizing you have limited time to establish a rapport [with patients], you may have to devote more time."

"The best thing to do as an ER physician is to keep the patient and family members informed about [the cause of] delays," Dr. Cooper said. "It usually takes about four hours to get through the ER. Let them know up front it's going to take a long time and keep them informed about tests and everything that's going on throughout their stay."

By improving documentation, ER doctors can help decrease the risk of losing a malpractice case if they are

sued. Baron advised physicians to dictate notes. And both attorneys stressed the importance of thoroughly documenting all diagnoses, treatment plans, contacts with attending physicians and specialists and discharge instructions.

"A lot of times, [the ER doctor] will communicate a patient's presence in the ER with the patient's internist. He should document that — 'I spoke to so and so, who agrees with my care plan,'" Castro said. "And if there is a head trauma [patient], and you want the patient to see a neurosurgeon, document whom you contacted, when the contact was and what they said."

Documenting discharge instructions is especially important, because they "are always a big area of controversy" in malpractice trials, Baron said. For example, patients might not remember or might ignore a physician's instructions to return to the ER if symptoms continue but don't worsen. Or they might fail to make a follow-up appointment within 24 to 48 hours, as the ER doctor recommended. Advising patients to make follow-up appointments is very important, since a missed diagnosis most likely would be picked up then, Castro said.

Many hospitals now use forms on which physicians describe patients' problems and the protocols they advised their patients to follow, Baron said. Some even have nurses contact patients the day after an ER visit to see if they have improved or made a follow-up appointment, he said. "Patients go to the ER under trying circumstances and don't always take everything in. And in what appears to be a routine case, physicians may give quick instructions that a patient doesn't have time to absorb," Baron concluded. "[The forms and follow-up calls] are the most effective way not only to stave off lawsuits, but also to deliver good patient care." ■

MALPRACTICE ROUNDUP

Dentist liable for failure to treat HIV-positive patients

A New Orleans dentist must pay \$120,000 in damages for refusing to treat two HIV-positive patients, according to a story from the Associated Press.

The U.S. District Court in New Orleans found that the dentist violated the Americans with Disabilities Act when he discriminated against the patients. In a settlement worked out by the Department of Justice, he will pay \$60,000 to one patient and \$60,000 to the family of the other patient, who died of AIDS in 1993, the article said. ■

Patient can't sue HIV-positive Ob/Gyn

The Minnesota Supreme Court ruled that a woman cannot sue her gynecologist for failure to reveal his HIV-positive status before an examination, according to a case summary in Lawyers Weekly USA.

The patient claimed emotional distress. But the court held she was not in the "zone of danger," because the chance of physicians infecting patients is extremely low. The court also considered the fact the gynecologist wore gloves when examining the plaintiff.

In this case, the court ruled that the patient's exposure to HIV was "never more than a remote possibility" and that she was not in any "actual personal physical danger." ■

FIRST IN SERIES

Genetic testing reveals patients' medical

BY RICK ASA

To learn about a financial inheritance, people usually have to wait until a legal will is read and executed. But thanks to recent research in genetic testing, some patients can find out their medical inheritance – whether they are at high risk for diseases like cancer, cardiovascular disease and Alzheimer's – before the onset of those diseases. "If you did not think this was the most promising development in modern medicine in the last 20 years, you'd be crazy," said Allen Samarel, MD, director of the cardiovascular basic research lab at Loyola University Medical Center. "When I was just starting out, we used to say, 'If we only knew what was really happening in the nucleus and how these genes are turned on and off....' That's where we're at now."

Testing and treatment for cancer are expected to gain the most from the gene mapping and genetic tests being developed through the Human Genome Project, according to genetic experts. The goal of the worldwide project is to determine the exact order of human DNA by the year 2005. At least 50 disease-causing genes have been identified, and tests for about a dozen genetic disorders have been developed. Even so, the practical application of the knowledge gained from the project is a long way off, said Francis Collins, MD, project director.

Nevertheless, definitive genetic tests and treatments for cancer and cardiovascular disease could eventually have a huge impact in sparing lives from these two common killers, genetic experts said.

"The greatest potential for application is in common medical conditions, in being able to identify at-risk individuals and see whether they carry the characteristics," said George E. Hoganson, MD, a pediatric geneticist and pediatrician at the University of Illinois at Chicago Medical Center. "The potential is good for breast cancer, for instance, and once we have identified all the breast cancer genes, women can be put through a panel of tests."

"A woman was going to have a mastectomy over her concern with the cancer risk, but was found not to have the gene and didn't need the procedure," he continued. "That's a dramatic result. On the other hand, what does it mean right now to do testing on a 20-year-old who has the gene? What does that do to that person? What does that mean for her insurability? The state of the art has progressed to the point where we have something to offer, but we don't have the answer for everything."

In lectures on the implications of genetic testing, oncologist and genetics researcher S. Gail Eckhardt, MD, uses case reports. In one, a young, white male presented with rectal bleeding in 1987, she said. He had been seen in numerous emergency rooms, where the bleeding was thought to be secondary to hemorrhoids. In 1992, a gastroenterologist saw the patient for persistent rectal bleeding. He was diagnosed with multiple rectal polyps and a large rectal tumor with the 28/28 lymph nodes positive for tumor and metastases in the liver.

Through 1992 and into '93, the patient received standard

chemotherapy, but the cancer progressed. Later in '93, he received investigational chemotherapy, but it was too late. In June that year, he died of progressive disease.

The patient's family history included a mother who had undergone a total colectomy at age 18 for "unknown" reasons. At the time of the patient's diagnosis, his two brothers received screening colonoscopies. One had a normal colon; the other had multiple polyps and subsequently underwent a total colectomy.

This case presents several lessons, said Dr. Eckhardt, associate director at the Cancer Therapy and Research Center in San Antonio. First, hereditary cancer can be more aggressive and can present at younger ages. Second, the usual differential diagnosis can be dead wrong, so genetic screening can save lives. And third, the emotional impact of this inherited disease for this particular family was substantial when one brother was diagnosed with terminal colon cancer and another was saved only as the result of the patient's diagnosis.

Leading a team that conducted the first prenatal diagnosis of a rare congenital metabolic disease known as hypoplasia congenital was Edward R. B. McCabe, MD, professor and executive chairman of the Department of Pediatrics at the UCLA School of Medicine. He described the potential application of genetic testing to coronary heart disease: "Now, for a family with a history of coronary heart disease, we would get a cholesterol and HDL and LDL and look at the lipid profile.

In the future, we'll get the lipid profile, but in addition, we'll look at a panel of genetic mutations to try and determine if there are other factors, because we know that some people with low cholesterol still have early heart attacks, and other people with high cholesterol don't."

In genetic testing in cardiology, an incurable form of heart disease known as hypertrophic cardiomyopathy (HCM) has made the news, according to Dr. Samarel. He referred to a recent story in the New York Times by contributing writer Charles Siebert, who chronicled his soul-searching about genetics testing and treatment.

After finding out that his father had probably died of HCM, which has a strong genetic component, Siebert struggled with the decision about whether to undergo investigative testing to identify a gene mutation tied to the development of the disease. He already knew he had a 50-50 chance of inheriting the gene from his father, and he wondered how the potential knowledge that he had the gene might affect the quality of his life.

"Clearly," Siebert wrote, "some tests, like the prenatal ones, allow people to avoid bearing children who would otherwise suffer from horrible diseases: cystic fibrosis, for example, or sickle-cell anemia, or such rare and little-known maladies as Lesch-Nyhan syndrome, in which a defective enzyme from a mutated gene allows uric acid to build up within the body, sending children into agonizing fits of self-mutilation and resulting in severe retardation, palsy and, ultimately, death."

"Then there are the more prevalent diseases, like cancers or heart disease, including HCM, that involve numerous genes in

*Technology
identifies
individuals at risk
for common killers
like cancer and
cardiovascular
disease.*

Legacy



Rick Kroninger Photography

a variety of misspellings – diseases that fall into what Dr. Collins, the head of the genome project, had described to me as the ‘murky areas,’” Siebert wrote. (Researchers “read” the genetic information spelled out by molecules. Mutations are an example of misspellings.)

“We don’t know quite enough about most of these genes to have a good catalog of what the variance might be,” Dr. Collins told Siebert. “In some cases, now we’ll be able to say ‘bad misspelling’ or ‘not-so-bad misspelling.’ But in others, the correlation won’t be so clear. So as we move toward more general testing – the chance to glimpse your own future – people will have to juggle odds and percentages of risk. It will require a level of sophistication on the part of the average consumer that does not yet exist.”

Siebert chose not to undergo testing, the story said.

Although Siebert’s family had a clear gene mutation, its manifestation was sporadic, Dr. Samarel said. “One generation got skipped, another [generation] had a mild form of the disease, while one brother had half his family wiped out. It was interesting how sporadic it was. Clearly, that had a lot to do with environment, not just genetic factors.”

That sort of inconsistency may well be a problem area for the public, especially because of high expectations created by the media. During the last year, newspaper headlines have included the following: “Gene linked to diabetes, obesity,”

“Third gene raises hopes about Alzheimer’s,” “Scientists look to mutated gene to decipher mysteries of cancer,” “Gene linked to higher risk of breast cancer,” “Gene tied to rare hereditary disease is found.”

“At least once a month we have patients ask for gene therapy to treat a certain disease,” said Eugene Pergament, MD, director of the Section of Reproductive Genetics at Prentice Women’s Hospital of Northwestern University Memorial Hospital. “This is where the media fall short. It’s the disease of the week, the cure of the month.”

The headline about a rare hereditary disease accompanied a story about a group of scientists led by molecular pathologist Errol Friedberg, MD, of the University of Texas Southwestern Medical Center at Dallas. The researchers identified the second of two genes that can cause Cockayne syndrome, which is characterized by abnormal physical and mental development including retardation, skin disease, deafness, early aging and optical degeneration. The story stated that the finding could help physicians diagnose the disease more easily and give researchers more information about the biological basis for normal development.

True enough, said Dr. Friedberg. But he told Illinois Medicine that gene testing remains a “very complicated issue with all sorts of moral and ethical issues that have not been dealt

(Continued on page 10)

Where to go for testing information

About three years ago, clinical geneticist Roberta Pagon, MD, a professor of pediatrics at the University of Washington School of Medicine, became frustrated because she could not easily find information on genetic testing. Genetic counselors in her clinic and across the nation spent hours each week trying to determine whether testing was available for a given disease and if so, where.

Dr. Pagon went to the National Library of Medicine at the National Institutes of Health and received funding to start Helix: A Directory of Medical Genetics Laboratories. The directory service is available to all health care professionals who register by phoning (206) 528-2689 or by faxing (206) 528-2687. The service is free to health care professionals and genetic testing labs that volunteer to register and be listed, said Helix database manager Maxine Covington.

As of October, the service listed 216 labs and could provide information for about 278 diseases for which tests exist. Helix receives about 60 requests per day for information about specific diseases and the availability of related testing, Covington said.

The Helix database is organized by disease name and includes only genetic disorders. Reports include a list of labs that provide the specific test, the names of lab directors, contact people, phone and fax numbers, testing methodology, the availability of prenatal diagnosis testing and the purpose of the test (diagnostic or research).

Labs do not list their addresses because they prefer prior notification. If physicians don't find a testing lab for a specific disease in their area, they can usually ship a sample out of state without a problem.

To illustrate what physicians receive from Helix, Covington provided a list of labs across the United States and

Canada that provide genetic testing for Huntington's disease. The list included 23 facilities, divided between academic medical centers and commercial operations. Among the 23, one is located in Illinois at Rush-Presbyterian-St. Luke's Medical Center in Chicago. In the Midwest, testing is also done in labs at Indiana University, the Medical Genetics Institute in Milwaukee and the University of Minnesota.

Covington chose Huntington's disease as an example because it demonstrates the "way in which testing availability blossoms once the technology is available. All the listed labs were added to Helix within a six-month period after the gene was identified."

A Helix fact sheet cautions that it is not a comprehensive listing of all services available for diagnosis and research of genetic diseases, nor is Helix responsible for the quality of information exchanged between the consumer and the lab. Helix also is not responsible for the accuracy, reliability, completeness, timeliness, necessity or usefulness of any of the testing performed. Lab registration in Helix assumes, but does not ensure, compliance with all local, state and federal licensure and certification requirements.

Reports are faxed to the registered user within 24 hours on working days. An Internet prototype is under development, and current users will be notified when it is available, Covington said. Consumers who contact Helix directly are referred to their physicians or a genetics clinic in their state or region.

Helix is currently awaiting word on future funding for the database. Depending on the outcome, the directory could expand from nearly exclusively molecular testing referrals to other types of diagnostic tests, Covington said. ■

— Rick Asa

Genetic testing

(Continued from page 9)

with satisfactorily." One, he said, is whether "insurance companies should be privy to this information. We in the scientific community believe they will be at some point, whether we like it or not. These [kinds of] decisions will be taken out of scientists' hands, just like every other scientific finding." Readers would not have taken that important message away from the story.

Misinformation may be coming from other sources, too, as physicians try to assimilate and explain information about genetic testing to patients. Northwestern surveyed women with family histories of breast cancer and found that the "vast majority [of women] very much overrated" their chances of developing breast cancer — in some cases, as much as five to 10 times higher than the actual risk, Dr. Pergament said. "Where did they get this information? Two out of three times it came from their doctors."

"People involved in [genetic testing] are doing a terrible job of informing the public of what this all means, Dr. Samarel said. "I think people are very frightened by all this. There are all kinds of ethical and religious issues not being dealt with very well by the scientists." ■

See your next issue for the conclusion to this series.

FAMILY PRACTITIONER ...

Want to share call with 11 other Family Practitioners and live in the Brainerd Lakes area? Immediate opening available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital — St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families



Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

HAS TORT REFORM REDUCED YOUR MALPRACTICE INSURANCE COSTS



**IF NOT, CALL (800) 962-1224
FOR COST-EFFECTIVE
MALPRACTICE INSURANCE.**

Call us, at no obligation, about cost-effective and top-rated malpractice insurance that is available for:

- **Physicians:** regardless of your practice situation.
- **Group practices:** existing and in formation. Traditional and emerging practice settings.
- Any type of **Healthcare Facility** or **Healthcare Delivery System**.

Call (800) 962-1224 for more information, at no obligation, on how you can take advantage of top-rated and cost-effective malpractice insurance alternatives.

**Cunningham
Group**

**1100 Lake Street
Suite 230**

Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Thriving, busy occupational medicine and outpatient clinic in Chicago's south suburbs seeks board-certified occupational medicine physician or physician with at least 10 years' experience in occupational medicine. Compensation \$180,000+ per year. Please contact Midwest Emergency Associates Ltd. at (708) 472-8810.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Bufalo Grove, IL 60089; fax (708) 541-9336.

Do review! Good financial opportunity for spare hours. Health Direct Inc., a managed care insurance company, near O'Hare Airport, seeks physicians for part-time utilization review. Friendly atmosphere. BC required, UR experience preferred. Call Carol Krason at (708) 391-9515.

Illinois, southwest of Chicago: Part-time physician. Seeking experienced BC/BE physician for work in a moderate-volume, rapidly growing Level II trauma center hospital 60 miles southwest of the Loop. Excellent compensation, includes paid malpractice. Contact Steven Taller, MD, FACEP, Morris Hospital, 150 W. High St., Morris, IL 60450; (815) 942-2932, ext. 1158.

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Internal medicine – Immediate opening for a board-certified or -prepared internist interested in starting and building a new practice in a newly opened, state-of-the-art outpatient center in Morris, Ill. Position includes a highly competitive financial package and comprehensive benefits with CME and vacation time. Morris, located one hour south of downtown Chicago, provides a terrific environment in which to live and work, with excellent educational facilities and a low cost of living. For more information call Marie Noeth at (800) 438-3745 or fax your CV to (309) 685-2574.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable northwest Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits is seeking physicians to join its practice. A trained paramedic will provide transportation and accompany the physician. We are looking for individuals with training in the following areas: internal medicine, geriatrics and family medicine. Full-time compensation is \$120,000 plus benefits. Part-time is guaranteed \$480 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Family practice, internal medicine, Ob/Gyn and urgi-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Internist and surgical physician BC/BE needed to join multiple practice, progressive, industrial and family practice clinic. Full- or part-time positions available. Excellent salary and outstanding benefits. Please send replies to Box 2283, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Malpractice case evaluation: Board-certified medical experts needed. All specialties. All locations. Defense and plaintiff cases. Excellent remuneration. Interested physicians, please contact and send CV to Barry Gustin, MD, FACEP, American Medical Forensic Specialist, 2991 Shattuck Ave., Suite 302, Berkeley, CA 94705. Phone (510) 549-1693, fax (510) 486-1255.

Locum pediatrician needed. Northwest suburbs. Daytime only for office practice. Dec. 15 to Dec. 30. All or some days. Call (708) 742-9711, days, or (708) 931-6546, evenings.

Internist – downtown Chicago: Three BC internists with office located on Michigan Avenue seeking fourth BE/BC internist. Modern clinic facility and affiliation with a licensed 500-bed teaching hospital. Excellent guaranteed income plus full benefits. Contact Charles Matenaer at (800) 611-2777 or fax CV to (414) 784-0727.

Opportunity for physician: Established or newly licensed MD for practice of general medicine. Share in the care of patient clientele. Opportunity for growth and possible assumption of practice. For confidential interview, phone (317) 447-1412 Monday, Tuesday, Thursday, or phone (317) 447-1693 after 4 p.m.

Premier Ob/Gyn opportunity! Metropolitan-based hospital seeks board-certified or board-eligible Ob/Gyn to join a modern, financially strong, state-of-the-art facility that specializes in the treatment of women. Access to six OR suites, 14 LDRs, 30-plus-bed NICU, two FT neonatologists and Level III nursery. Generous base salary is complemented by excellent benefits and profit sharing. Located in one of the most desirable cities in the United States. One-to-six coverage and a full load of patients immediately. For more information, call Bill Cox, (800) 654-2854.

Fast track: Chicago. Full- or part-time faculty at Mount Sinai Hospital Medical Center. One-third occupational medicine patients. Opportunities for board certification in occupational medicine. Top-dollar compensation and benefits, including CME and medical malpractice insurance. Contact Leslie Zun, MD, at (312) 257-6843.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.


Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital


Need a physician to work part- or full-time in a well-established physician's office. Nice practice. Nice income. For details, please call (708) 595-1483 or (312) 548-0028.

North Shore suburbs/internal medicine: Northwestern-trained BC internist with busy North Shore private practice is seeking a full- or part-time associate. Independent or employee position is possible. Please send replies to Box 2281, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Follow your instincts – as the other 35 physicians in the family medicine department did! They joined one of the nation's largest multispecialty groups for very good reasons: shared call coverage, strong specialty network and comprehensive salary/benefits. Enjoy autonomy, freedom from office management and protection from high insurance premiums. Opportunities are currently available in a variety of attractive Iowa and Wisconsin locations, including department chairman of family medicine at the main clinic in Wisconsin. For more information, call Susan Pierce at (800) 243-4353.

Internist needed for an office practice in a rural area in Illinois approximately 30 miles from East St. Louis. Please send replies to Box 2282, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practice available: Well-managed, very lucrative and comfortable, hassle-free practice available 80 miles southwest of Chicago. Call (312) 761-8306 for details. It is an exceptional opportunity.

Situations Wanted

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practicing FP, public aid clinic, MD seeking additional part-time assignments. Have insurance and Illinois provider numbers. Call (708) 817-5636.

Board-certified IM physician seeks part-time, three to four months of primary care work or locum tenens position (summer months only). Page me, (312) 997-1623, anytime.

Experienced, board-eligible diagnostic radiologist available for part-time or full-time position in Chicagoland area. Proficient in all imaging modalities. Call (708) 328-2759.

Certified gynecologist/family practice seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Oak Brook Terrace medical office to share/sublease. Fully furnished, X-ray diagnostic lab, treadmill, Holter, etc. Free-standing building, high visibility, parking (Summit Avenue). Call (708) 629-6700.

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000-square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Will be available for rent. Location! Location! Location! Surgical and medical specialists center, 8425 South Cottage Grove in Chatham. Brand-new medical office building – 900-square-foot office with five rooms, including a treatment room, storeroom, private washroom, receptionist's room (also a general lobby, public washroom and drinking fountain). Suitable for any specialty. Call (312) 723-3300.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Chicago, near Edgewater Hospital: 3,100-square-foot medical building. Four suites, X-ray rooms, separate HVAC. Steal for \$139,500. Call Mr. Goldberg, Hallmark & Johnson, (312) 465-8000, ext. 29.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

For sale: Calyx MDX system software program with all latest updates included. Complete billing and insurance system – \$3,000, firm. Please send responses to P.O. Box 483, Edwardsville, IL 62025.

Miscellaneous

Free laboratory tests (CBC and chemistry) for your patients who cannot afford to pay for this service. Free blood drawn in our facility. Ask for supplies and shipping containers if you want to send by mail. Twenty-four-hour turnaround. UNILAB Inc., Oak Park, Ill., (708) 848-1556.

Physician Financial Services will tackle all your medical billing needs. Are you collecting what you did two to three years ago? We specialize in software with built-in edits, meaning less errors, thereby more money. Updated CPT and ICD-9 codes. Take care of more patients. We'll handle the paperwork. Free computer demonstration and information. Call (312) 391-9183 or write to MBC of Chicago/Lincoln Park, 2424 N. Clark, Suite 620, Chicago, IL 60614.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service, (708) 478-0424.

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing information to AAPN, 11420 S.W. 109 Road, Miami, FL 33176; or call (305) 598-7505.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

"Oops, I forgot." How many times have you heard this? Have you considered how much revenue you are losing from missed appointments? New computerized appointment verification system calls and verifies appointments for you. Call (217) 824-4374 for information. We use the Watson Voice/Telephone Card.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

Electronic medical billing services: Full-service medical billing and consulting providing comprehensive, confidential help to increase and maximize your cash flow while reducing administrative headaches. Contact Mid-America Medical, 3000 Dundee, Suite 411, Northbrook, IL 60062; (708) 272-7272.

INTERNIST ...

Want to share call with eight other internists and live in the Brainerd Lakes area? Immediate and future openings available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital – St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

Inquiries from general internists or internist with sub-specialty interest in pulmonology or rheumatology welcomed.



Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Final rule for Stark I
(Continued from page 1)

contain a statement that the information is true and accurate, be signed by a representative for the group and be mailed by Dec. 12. HCFA needs the initial attestation to determine whether payment for lab services should be continued, the rule explained. Group practices will have to submit updated attestations to their Medicare carriers annually at the end of the period they have chosen to use to measure this standard, the rule said.

The final rule, however, does not specify the format for the attestation, nor does it list a phone number providers can call with questions about the new reporting regulation. Illinois Medicine will continue coverage of the issue as more information becomes available.

The final rule also says providers of Medicare covered items and services must "report certain information about their financial relationships with physicians at such times as the secretary [of HHS] specifies." Entities must respond within 30 days of a carrier's or intermediary's initial request for information. And changes in submitted information must be updated within 60 days of the change, according to a summary of the regulation published in the Aug. 18 issue of the Bureau of National Affairs' Medicare Report.

Anyone who is required but fails to submit information about a financial relationship in accordance with the reporting requirement is subject to a civil monetary penalty of up to \$10,000 for each day of the period, beginning on the day following the applicable deadline, according to the rule. However, the final rule noted that providers will not be held to the requirements for reporting information about their financial relationships until HCFA develops and issues the proper form and accompanying instruction booklet. "Until that time, we will use audits and investigations as the primary tools to evaluate compliance with these provisions," the rule said.

That means HCFA can question health care providers at any time regarding their relationships with entities to which they refer patients, explained Tom Conley, an attorney with Burditt & Radzius in Chicago. "People may ask,

'How is HHS going to find out [about the relationships] unless someone turns you in?' They can devise questionnaires to ferret out illegal relationships. First they'll go through the Medicare claim forms, where providers are now required to put down the number of a referring physician. Then they will do a survey regarding what potential financial relationships you may have. They may ask questions like, 'Do you have a wife, son or daughter-in-law who practices medicine or works in the health care field?' If a match is found [between the claim forms and the questionnaires], they'll

turn you over to the Office of Inspector General."

In addition to spelling out reporting requirements, the final rule identifies the kinds of relationships barred under the Stark legislation, Conley said. "The final rules have taken a fairly strict interpretation of Stark I and are very instructional. We have more direction now regarding how the Department of Health and Human Services, and in particular the inspector general, will view relationships between physicians and labs in which they or their family members have a financial interest."

"If a physician or a member of a physician's immediate family has a financial relationship with an entity, the physician may not make referrals to the entity for the furnishing of clinical laboratory services under the Medicare program, except under specified circumstances," the rule said. It defined a financial relationship as an "ownership or investment interest in the entity or a compensation arrangement between a physician (or immediate family member) and the entity." Such an ownership or investment interest "may be established

(Continued on next page)

\$1,000,000 Term Life

GUARANTEED ANNUAL PREMIUMS, MALE NON-SMOKERS

Age	Ten Year Level	Fifteen Year Level	Twenty Year Level
35	\$ 725	\$ 840	\$ 1,075
40	\$ 985	\$ 1,175	\$ 1,475
45	\$ 1,490	\$ 1,790	\$ 2,244
50	\$ 2,290	\$ 2,790	\$ 3,314
55	\$ 3,390	\$ 4,365	\$ 5,200
60	\$ 5,195	\$ 6,865	\$ 8,214
65	\$ 9,275	\$11,690	\$13,554
70	\$16,490	\$17,920	\$23,210

All quotes shown are from insurance companies rated A-, A, A+ or A++ by A.M. Best Company and include all fees and commissions. Actual premiums and coverage availability will vary depending upon exact age, sex, state availability, health history and recent tobacco usage. All policies shown are guaranteed renewable to at least age 90, except in New York.

"Quotesmith provides a list of all insurance companies & plans that match specific needs. The first to make available this new custom-search service." - Nation's Business

"Quotesmith saved us time and money. I shopped from my own office and found the best deal available. I was impressed." - Linda Picazio, Florida

"New source for best buys in insurance. One way to get to know the market..." - Kiplinger's Personal Finance

"Quotesmith keeps a database of about 350 insurance companies." - Good Housekeeping

"Quotesmith offers particularly thorough searches" - Los Angeles Times

"Quotesmith ranked more than 250 policies for Forbes. The premiums vary wildly." - Forbes


"Researching insurance companies can be confusing and tedious. To simplify the task, call Quotesmith." - SmartMoney

"Quotesmith will scan the insurers and provide a list of different policies suited to your needs." - Money Magazine

A free insurance price comparison service. Avoid buying mistakes. Use the new Quotesmith insurance price comparison service before you buy or renew any life insurance policy. Call 1-800-431-1147 right now to request quotes for any amount of \$250,000 or more. Our computers will scan the rates and coverages of 160 leading term life companies. We'll mail a personal Best Buy Report to you in one day. Your report will show the company names, the latest A.M. Best ratings and the best prices - all sorted by lowest cost. Call 24 hrs. per day.

Quotesmith

Insurance price comparison service
1-800-431-1147



Physician HELpline

ISMS' 24-hour Physician HELpline is available to link impaired physicians and their families with helpful resources. Contact the HELpline at (312) 580-2499.

Final rule for Stark I

(Continued from page 13)

lished through equity, debt or other means, [and that] ownership or investment interest also includes an interest in an entity that holds an ownership or investment interest in any entity furnishing the clinical laboratory service or other designated health services" for referrals made on or after Jan. 1, 1995, the rule explained.

Immediate family members include husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother, or stepsister;

father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild, the rule said.

HCFA has also indicated it will use this final rule to interpret the even broader self-referral provisions in the

Omnibus Budget Reconciliation Act of 1993 (also referred to as Stark II), which went into effect last January, Conley said. OBRA '93 extended the Stark I prohibition to include Medicare and Medicaid referrals for clinical lab services and various "designated health services."

The final rule is problematic for physicians because of the scope of the relationships it bans.

The final rule indicates that it will be applied to Stark II situations where appropriate. "The government will look at what physicians do in the area of designated services in light of this rule," said ISMS legal counsel.

The final rule is problematic for physicians because of the scope of the relationships it bans, according to Conley. "What has really concerned me, and what I don't think people understand, is the concept of the tie-in with immediate family members. For example, if a physician refers a patient to his wife, who is in a separate medical practice and she is the owner, and the referral is for a designated service, the referral is illegal by virtue of the definition and provisions of the act. It is issues like this that people are not aware of. Physicians have to think very broadly about this prohibition. Many doctors won't consider some [activities] to be referrals, but if it's something you're not personally doing, it's a referral. Even if you're referring someone for a test within your own practice, it's a referral, and you have to make sure you satisfy the [Stark] group practice exception."

Doctors who file claims for services rendered as a result of prohibited referrals or who fail to refund money they receive as a result of such referrals are subject to fines up to \$15,000 per violation. Physicians and entities that try to avoid detection of prohibited referrals can be fined up to \$100,000 for each arrangement or scheme. And those physicians or entities may also be terminated from Medicare and state health care programs, according to the final rule regarding civil fines in self-referral situations previously published in the Federal Register.

To ensure they are not making illegal referrals, physicians should conduct internal audits "of where their business is going and of who is putting their numbers down [on Medicare claim forms] or have a professional audit done to make sure they're in full compliance," Conley advised. ■

PBT Offers The Lowest Rates Available For \$1,000,000 Term Life

Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates

\$1,000,000 Face Amount*

PHYSICIANS' BENEFITS TRUST
(Sponsored By CMS & ISMS)

Enrollment Age	10-Year Level Premium		15-Year Level Premium	
	Male	Female	Male	Female
35	\$ 700	\$ 590	\$ 790	\$ 670
45	\$1,445	\$1,145	\$1,705	\$1,315
50	\$2,235	\$1,585	\$2,665	\$1,845
55	\$3,335	\$2,315	\$4,205	\$2,735
65	\$9,265	\$5,575	\$11,085	\$6,715

* Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$1,000,000 face amount. Twenty-Year Rates also available.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A Excellent" rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748

(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

Physicians required

(Continued from page 1)

Mark Boozell.

"As such, this part of the department's proposed amendment is not supported by the legislation and should be deleted," Dr. Welch wrote. "Arrangements for billing patients directly should be properly held between the patient and his or her physician and not mandated as part of a departmental regulation. Requiring physicians to bill patients on specific claim forms fails to take into account the unique circumstances of such arrangements and will only increase the costs of providing care due to clerical, not medical, reasons."

The department wants to prevent physicians from billing patients instead of insurers if those patients would ultimately submit the bills to payers, Kotowski explained. "That would be defeating the purpose of any type of uniform claim form," he said. The DOI understands providers' concerns and is working on compromise language with ISMS and the American Dental Association, he noted. ■



THIS IS HOW SOME COMPANIES FEEL

ABOUT CUSTOMER SERVICE.

After you sign up with some insurance companies you hardly ever see them again. They don't talk to you or listen to you. ■ That's not the way it is at PICOM. We have a network of agents across the state to serve you. They are always ready to answer questions, provide information or just be there if you need them. ■ Add this service to our risk management programs, reputation for a tough defense, and stability, and you'll see why PICOM is one of Illinois' leading professional liability insurers for health care professionals. ■ To find out more, contact your local PICOM Agent or call Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000. ■ **SERVICE. THE POWER BEHIND PICOM.**

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“These days, any doctor can get **sued**. That’s why I chose ISMIE. Their high underwriting standards are my assurance that other policyholders are **insurable**. And that they’ll stay that way.”



No one is immune. With malpractice suits on the rise, you need an insurer that can provide you with the security of comprehensive liability protection. Namely, the Illinois State Medical Inter-Insurance Exchange. At ISMIE, physicians review professional liability history, risk of specialty, years in practice and other factors to provide solid coverage at the fairest possible premium. Our standards are high. But it's our prudent underwriting practices and constant risk review that assure your coverage is sound. And that the other policyholders are as insurable as you are. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

12/05/95

IS KEY WITH PATIENT EDUCATION VIDEOS (PAGE 7)



Genetic testing reveals patients' medical legacy

PAGE 8

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • DECEMBER 1 1995

ISMS changes name of proposed MSO

PAGE 2

ISMS president testifies at House hearing on drive-through deliveries

MANAGED CARE: Cost, not medical judgment, drives some health care decisions.

BY MARY NOLAN

[SPRINGFIELD] ISMS President Raymond Hoffmann, MD, testified Nov. 13 at a hearing on drive-through deliveries before the Illinois House Health Care and Human Services Committee. "Physicians have become increasingly concerned about the trend among managed care entities toward limiting coverage of hospital stays for mothers and newborns following delivery. What we see outside, in our practices and hospitals, is that many managed care and other insurance companies have adopted post-partum stays of 24 hours or less, and some even shrink that to as little as six to 12 hours. Cost, not medical judgment, often drives these decisions."

At the hearing, lawmakers considered proposals to curb drive-through deliveries. Currently, four bills have been introduced in the General Assembly. In the House, (Continued on page 16)



Ron Ackerman

Dr. Hoffmann (left) testifies Nov. 13 before the Illinois House Health Care and Human Services Committee at the Statehouse, as Dr. Dobbins listens. He told legislators about the problem of cost-driven interference in the physician-patient relationship.

Physician-legislator program focuses on post-partum hospital stays

ADVOCACY: Society-sponsored dinner is forum for discussion on patient care.

BY MARY NOLAN



Dr. Olson (left) and Erwin exchange information about insurer-mandated early discharge of maternity patients at the Oct. 26 Chicago program.

[CHICAGO] Physicians and legislators exchanged information about the problem of drive-through deliveries at an ISMS-sponsored women's legislative dinner Oct. 26 in Chicago.

"Illinois insurance companies are generally expecting maternity patients to be discharged after 24 hours of an uncomplicated delivery," said Illinois Rep. Lauren Beth Gash (D-Deerfield). "In fact, many companies are now moving toward 12 hours, and there has even been some discussion about moving toward six hours."

"This is a very, very unsafe practice, and it goes against everything that we try to do for the care of our mothers and infants," said Judith Savage, MD, a Tinley Park pediatrician. "[To insurance companies], there is an extra cost associated with staying at the hospital longer, but there is an even

(Continued on page 18)

INSIDE

Retired Springfield pediatrician wins 1995 Copley First Citizen award



PAGE 3

Physicians should lead integrated delivery systems

PAGE 6

'Silent PPOs' plague physicians, patients

PAGE 13

DEPARTMENTS

News Briefs2

Commentary4

ISMIE Update7

Classifieds14

Hospital appeals ruling on medical staff bylaws

REQUEST: Wisconsin case centers on powers of board vs. medical staff. BY KATHLEEN FURORÉ

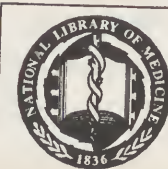
[JANESVILLE] Mercy Hospital of Janesville, Wis., asked the state Supreme Court in mid-October to review a September appellate court decision that said the hospital was wrong to develop new clinical privilege and credentialing criteria without medical staff input, according to Donald Schott, an attorney representing Mercy.

The court in John A. Austin, MD, et al vs. Mercy Health System ruled that policy changes affecting physicians' privileges "are governed by specific provisions of the [medical staff] bylaws providing for medical staff input before such changes are implemented, [and] new policies cannot conflict with the provisions set forth in the bylaws."

Schott, an attorney at Quarles & Brady in Madison, explained that the appellate court decision "in essence says medical staff bylaws should be interpreted in a way that denies the hospital board of directors the ability to make policy changes that affect patient care without prior input from the medical staff and without giving individual hearings to physicians who believe a new policy might affect their individual practices."

But AMA attorney Michael Ile termed the decision significant because it says medical staff bylaws are a contract that binds the hospital. "This is a very central principle in hospital and medical staff relationships. It is not to say that hospitals and hospital boards can't meet

(Continued on page 17)



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

ISMS changes name of proposed MSO to Physician Services Organization

SUPPORT: New title reflects pro-physician focus. BY KATHLEEN FUREORE

[CHICAGO] ISMS has renamed its proposed management services organization the Physician Services Organization to communicate that the entity will be organized for and driven by physicians, according to ISMS' Chairman of the Board of Trustees Ronald G. Welch, MD. "Physicians are best equipped to direct managed care. Our PSO will be independent, autonomous and physician-driven," he said. The Society's board discussed the rationale for the name change at its Nov. 11 meeting.

The term MSO confused many ISMS members participating in a focus group project last spring, Dr. Welch noted. "MSO" is strongly associated with programs physicians regularly hear about from their hospitals and commercial enterprises. Several members, in fact, thought the ISMS MSO would be a statewide HMO or an organization that would offer a package of office administrative services, according to focus group study results.

"We did a lot of market research, both in terms of a statewide survey of ISMS members and seven focus groups. And one of the recommendations based on that research was not to use [the term] MSO," explained Mary Lukens of Coldwater Corp., the company that conducted the survey and focus group studies. "Other groups like hospitals and

insurers use the term, and it was difficult to distinguish what ISMS meant [by MSO]. Physician Services Organization more clearly describes what it is the members want ISMS to do. This name reflects the fact that this [would be] a program by physicians and for physi-

cians."

The new name will not change the goal of the organization. ISMS' proposed PSO would provide assistance in such areas as contract and utilization review, practice management and information systems to help physicians take the lead

in managed care as it gains an increasingly strong foothold in Illinois. That roster was developed based on input from focus group participants, who expressed a high level of interest in services related to managing physician-driven managed care, Dr. Welch said. ■

New Ronald McDonald House opens in suburban Chicago

[HINES] Families of seriously ill children being treated at Loyola University Medical Center in Maywood or Shriners Hospital for Crippled Children in Chicago now have a home away from home with the opening of a new Ronald McDonald House in Hines last summer. The Caring Place at Loyola, on the grounds of Edward Hines Jr. Veteran Hospital, is the first Ronald McDonald House in suburban Chicago, according to Diane Halbrook, the facility's executive director.

Medical staff personnel helped spearhead the effort to make the Caring Place a reality, Halbrook said. "Physicians, nurses and other members of the medical staff were very concerned about the families whose children were receiving treatment. Because Loyola is a tertiary care center, many patients are flown in by helicopter, so they're way beyond areas convenient to home. Parents often stay

by their child's bedside, sleep in chairs or camp out in the waiting rooms. The medical staff was concerned that it wasn't healthy for the parents or for the children [who saw] their parents struggling so in a time of crisis."

The Caring Place comprises 16 bedrooms and bathrooms, two dayrooms, four kitchens, a playroom, a library, a chapel, a garden and a secret playroom for young children. Families can stay overnight or use the house as a rest stop between appointments. "A child may have to have early morning tests and then wait near the hospital for test results. Or someone may have traveled all night and need a place to shower and change clothes," Halbrook explained. The cost is \$5 per room per night "if families have the resources to pay," she said. Shuttle service between the home and the hospital is also available.

"To have a facility that can offer this

kind of support is just outstanding," said Craig Anderson, MD, chairman of Loyola's Department of Pediatrics and of the Board of Directors of the Caring Place. "As an academic medical center, we serve a wide variety of patients with complicated diseases - hematology/oncology, cardiology and neonatology patients, for example - for an extended length of time."

Dr. Anderson said physicians treating seriously ill children have always tried to comfort families from a medical perspective but lacked the resources to help them cope with the stress a child's illness places on family life. "Now we can offer what we were precluded from offering before - a home away from home for these families. The doctors have been thrilled with the facility, and the response of the families has been unbelievable," Dr. Anderson said. ■

Practice Management Advancing the State of the art

PCN® HEALTH NETWORK™ Information System

Today's provider must communicate with many healthcare organizations. The PCN Health Network information system does more than practice management; it can connect the provider to many:

- Managed Care Plans
- Clinical Laboratories
- Other Providers
- Financial Institutions
- Hospitals
- Insurance Carriers
- Pharmacies
- and more . . .

The PCN Health Network information system offers today's connectivity and a vision for tomorrow's Healthcare Information Highway.

contact:

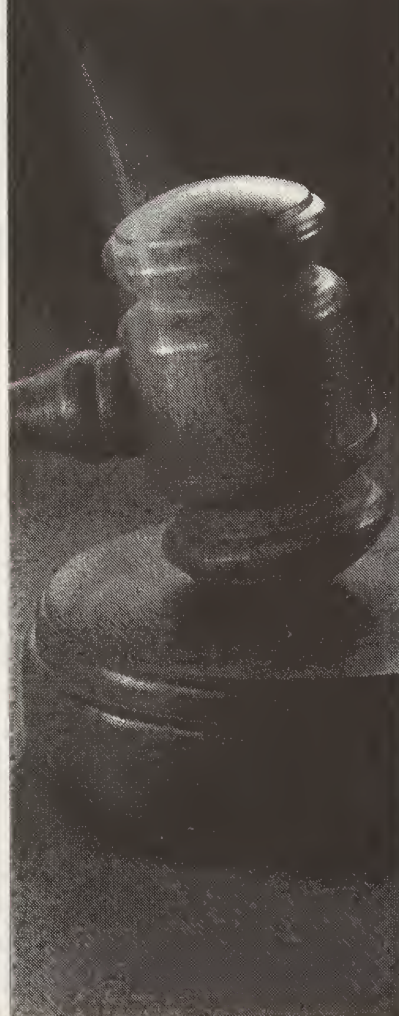
SARVASYSTEMS

An authorized independent PCN Reseller

Telephone: (708) 827-9400
Facsimile: (708) 827-9405
1111 E. Touhy Avenue, Suite 410
Des Plaines, Illinois 60018

Physician Computer Network and PCN are registered trademarks and PCN Health Network is a trademark of Physician Computer Network, Inc.

The Verdict Could Wipe You Out!



Over \$100 Million of personal injury settlements were recorded in the first six months of 1994 in Cook County alone. And, nearly **one-half (47%)** were medical malpractice settlements. One settlement exceeded \$7 Million!

Now you have an opportunity to protect your assets from future lawsuits. Robert D. Gillen lectures extensively to physicians and assists them with the protection of their assets from lawsuits. An Asset Protection Trust (**APT**) protects your assets from future lawsuits. The best time to plan is now. . . before litigation is initiated. To learn more about an **APT** and its many legal advantages, call the offices of Robert D. Gillen at **(708) 420-7300 today**. We will send you an informational packet and present an opportunity to make an appointment for a no obligation consultation or to answer questions that may arise.

**Don't let a lawsuit
wipe out a lifetime of work.
Call today.**

(708) 420-7300

**The Law Offices of
Robert D. Gillen, Ltd.
552 S. Washington St. Suite 200
Naperville, Illinois 60540**

Retired Springfield pediatrician wins 1995 Copley First Citizen award

AWARD: Dr. Ann Pearson is honored for 45 years of service to children. BY KATHLEEN FURORE

[SPRINGFIELD] Flanked by Gov. Jim Edgar, longtime ISMS member Ann Pearson, MD, accepted the 1995 Copley First Citizen award during an Oct. 19 breakfast ceremony at the Renaissance Hotel in Springfield.

"There were very many well-qualified candidates. Dr. Pearson stood out because of her dedication to her profession, specifically to children," said Circuit Judge Sue Myerscough, who headed the selection panel.

The award was the surprise culmination of 45 years of medical service for Dr. Pearson, who retired last year. "I was absolutely taken [aback]. It was a complete shock," she said. She attended the banquet because she had been told Robert Patton, MD, a retired Springfield surgeon with whom she worked, would be honored as First Citizen.

That Dr. Pearson won the award, however, was no surprise to those familiar with the care she has provided for the children of Springfield. During her career, she treated more Medicaid-insured youth than any central Illinois physician, and she once borrowed money to cover office payroll so that she could continue administering free care to the needy, Myerscough noted.

"Working with children, particularly those who had difficulty finding another doctor who would treat them, was one of my biggest achievements," Dr. Pearson said.

Among her most memorable patients was a premature baby named Billy, born almost 30 years ago with most of his liver and intestinal tract outside his abdomen. "I got the call at 2 a.m., and so did Dr. Patton," she recalled. "It was real touch-and-go for some time, but he was one of my real successes. It's miraculous – he is grown now and has finished college."

She also remembered being called in for the cesarean-section delivery of former Gov. Jim Thompson's daughter, Samantha. Instead, she ended up assisting in the emergency C-section delivery of a 13-pound, breech baby. "Samantha Thompson had to wait," she said.

In addition to her other accomplishments, Dr. Pearson contributed to health education. She worked part-time as a school physician and helped develop what she called the "beginning of sex education programs in [schools in] Springfield."

Dr. Pearson's dedication and accom-

plishments were not limited to her private practice, according to Myerscough. "She was a woman who had many firsts behind her name. She was one of the first women doctors in Sangamon County and the first woman head of the [Sangamon County] Medical Society. She

also did a lot of volunteer work. In the words of one of the nominators, 'Every child needs a Dr. Ann, and every town needs a Dr. Ann.'"

In addition, Dr. Pearson – an ISMS member since 1953 – was a delegate to ISMS' annual House of Delegates meeting for six years.

Since retiring, Dr. Pearson has continued to devote time to medicine. She volunteers weekly at a free clinic in Springfield, reviews children's health cases for the Illinois Department of Rehabilitation and is a member of the state medical advisory committee of the Illinois Department of Public Aid.



At the Oct. 19 award ceremony, Dr. Pearson (center) is escorted to the podium by Gov. Jim Edgar and Mary Frances Squires, chairman of the Sangamon County Board.

© 1995 The State Journal-Register



BlueCross BlueShield of Illinois

A Member of the Blue Cross and Blue Shield Association, An Association of Independent Blue Cross and Blue Shield Plans

REPORT for Illinois Physicians

ILLINOIS MEDICARE PART B POSITRON EMISSION TOMOGRAPHY (PET OR PETT) SCANS

The Health Care Finance Administration (HCFA) has determined one use for PET scans, imaging of the perfusion of the heart using Rubidium 82 (Rb 82), is no longer considered experimental and may be covered by Medicare if the following requirements are met for services performed on and after March 14, 1995.

- PET scans may be covered only at PET imaging centers with PET scanners that have been approved by the FDA.
- Coverage of PET scans under Medicare is currently limited to rest alone or rest with pharmacologic stress PET scans used for noninvasive imaging of the perfusion of the heart for the diagnosis and management of patients with known or suspected coronary artery disease using the FDA-approved radiopharmaceutical Rubidium 82 (Rb 82).

Coverage is further limited to scans that meet either one of the following conditions:

1. The PET scan, whether rest alone or rest with stress, is used in place of, but not in addition to, a single photon emission computed tomography (SPECT); or
2. The PET scan, whether rest alone or rest with stress, is used following a SPECT that was found inconclusive. In these cases, the PET scan must have been considered necessary in order to determine what medical or surgical intervention is required to treat the patient.

PET scans using Rubidium 82, whether rest or stress, are not covered by Medicare for routine screening of asymptomatic patients, regardless of the level of risk factors applicable to such patients.

The appropriate PET scan code along with a two-digit modifier will need to be used to indicate the results of the PET scan and the previous test in addition to the standard modifiers.

Special Modifiers

A two-digit modifier will be used to indicate the results of the PET scan and the previous test. The first alpha character will be used to indicate the result of the PET scan while the second alpha character will indicate the results of the prior test (The modifier will not be required for technical component-only billings). Modifiers are required for the global and professional component and may be used in any combination. The test result modifiers and their descriptions are listed below:

Modifier	Description
N	Negative
E	Equivocal
P	Positive, but not suggestive of extensive ischemia
S	Positive and suggestive of extensive ischemia (>20% of the left ventricle)

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 24, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

Illinois Medicine

VOLUME 7, NUMBER 24

DECEMBER 1, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orłowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD
William E. Kobler, MD	Sylvia Eberle, Alliance

Illinois Medicine Staff

EDITOR, Lynn Koslowsky
WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Technology reaches out to patients

Sometimes communication technology isn't all it's cracked up to be. Sure, people hundreds of miles apart can be connected through such innovations as video-conferencing, but just try to call a business and get a human being on the line. It isn't easy.

A story in this issue discusses patient education videotapes, which focus on particular conditions, outline therapeutic options and explore the risks of each. An internist quoted in the Wall Street Journal said videos enable patients to learn in a relaxed setting, away from the examining room, allowing doctors to concentrate on patients' personal needs.

There is a potential downside, though. If videos are used in place of physician-patient communication, they can intrude on the physician-patient relationship and create liability. Defense attorneys told Illinois Medicine that doctors should make sure video content is correct, use videos as an adjunct to informed consent, document their use and the follow-up, and save the videos, which could become items of discovery.

Some CD-ROM programs are being marketed directly at consumers, according to a story in the Chicago Sun-Times. For example, the Mayo Clinic has produced CDs on family health, the heart, sports medicine and medications. The medical market has grown from 30 titles to 100 in the last year, with sales for 1995 projected at \$22 million – double

the 1994 figure, the story said.

But again, there are potential problems. Medical CDs might cause consumers more anxiety than they relieve, said a gastroenterologist at the University of Chicago Hospitals, as reported in the Sun-Times. Some patients could be needlessly alarmed by some of the diagnostic programs that address diseases they are unlikely to have. And in an emergency, patients should call 911 rather than fumble with a CD, said a U of C cardiologist.

The phone isn't exactly high tech, but some of its uses are controversial. Some insurers have set up 800 numbers staffed by registered nurses, according to a story in the New York Times. The goal is to reduce "unnecessary doctor visits" by having the nurses conduct telephone triage with policyholders, determining whether they need medical care. Dr. James Todd, the AMA's executive vice president, summed up the problem: "Nurses' education does not qualify them to give advice over the telephone without making a diagnosis. If someone has abdominal pain, it can be anything from gas to appendicitis. How is a nurse at the other end of an 800 line going to advise someone about this, and what is the advice based on?"

Communication with patients may be "enhanced" these days, but physicians must still be directly involved with providing it. That fact hasn't changed. ■

PRESIDENT'S LETTER

What is our message now?

Raymond E. Hoffmann, MD



Only a broad-based organization representing physicians of all specialties will effectively represent medicine in Congress and Springfield and with the media.

Media contacts remind us constantly that we live in a fish bowl today. They want the answer to everything. Any problem, issue, legislative bill or news story must have a response. In this day of pull-quotes and sound bites, answers have to be short and easily remembered. I have had to learn that long-winded explanations are tuned out even if they contain much information and thought. I have had to learn how to get the message across.

What is that message? Working with the media also demands that we have one. Of course, the message will depend on the issue, but there must be an underlying theme to all the answers. Is that theme funding for patient care, access to physicians and health care, freedom to choose hospitals and physicians, independence in setting ethical standards or what?

Tort reform was a unifying message for physicians. We fought for the changes so long that we all understood the problem and the solutions selected. We stood together on this issue.

Physicians and the citizens of Illinois won that victory and are rightfully proud of the accomplishment. Where does that leave us now? What is our issue? What new issue will solidify physicians today? What is our message?

I have had calls from physicians, members and nonmembers, who want to know why they should be involved with ISMS and why they should pay their dues. The message is that only physician organizations will stand up for doctors. Specialty societies are necessary for certification and continuing education in those fields. However, only a broad-based organization representing physicians of all specialties will effectively represent medicine in Congress and Springfield and with the media.

I had the opportunity to attend an ethnic medical society meeting recently. I met many physicians and spouses and had the good fortune to spend time with three medical students. What message could

I leave them with that would keep them working hard to accomplish their goal despite all the seemingly unending turmoil in medicine today? The joy of helping people with their health is immense. Americans will always want the highest-quality doctors and care, even though the payment process is undergoing scrutiny and change. Organized medicine is working to ensure that physicians will maintain independence in clinical decision-making. They should get involved with ISMS if they want to help mold their future.

The most interesting task I have had lately is testifying before an Illinois House committee. The issue was drive-through deliveries. The room in the Statehouse was cold. Seating for about 20 representatives took half the room. There were close to 100 others jammed into the rest of the room.

Before I sat in front of that committee, I had to decide what our message was. It's easy to be in favor of new mothers and newborn babies. How can anyone testify against them and their complete health care? From this issue comes the whole discussion of independence of the physician in making clinical decisions. Although insurance companies have a vested financial interest, they should not set the standards for the physician-patient determination of the care given to patients.

The critical message was and is quality. We have built a system second to none in the world. It is based on well-educated physicians who work long hours in quality hospitals with their excellent staffs and who have the freedom to care for their patients as they know best. The system has quality.

Our message is that we are a physician organization standing up for quality in patient care now and for future physicians and patients. We will deliver this message to the media, health plans, legislators and everyone else. We stand for quality. ■

GUEST EDITORIAL

Tobacco industry ads defy credulity

By Ellen Goodman

© 1995, the Boston Globe Newspaper Co., Washington Post Writers Group. Reprinted by permission.

I have to admit that the tobacco industry is pretty nimble considering its size. Every time you think the gargantuan's been knocked out, up it comes, like an aging boxer with just enough moves to stay in the ring for another round.

In their latest save-our-butt campaign, the industry first created a villain so big, so bad, that they hoped he would make them look good by comparison. The evil eminence in the latest RJR ad campaign was none other than — EEEK! — A Big, Bad, Bloated Bureaucrat.

Appearing in newspapers across the country this month was the photo of a smiling, fat, smug, old white guy, The Unknown Bureaucrat, over a line that asked: "Who Should Be Responsible For Your Children?"

"In our society," the ad warned, "the government should not replace parents and teachers when it comes to educating our children about smoking, drinking and other important lifestyle decisions."

Now comes another ad in which RJR offers its corporate services — with a

straight face this time — as a partner to parents helping kids resist the "powerful pressure from their peers" that leads them to that smoking "lifestyle." Oozing sincerity, RJR implores us to "Listen. Emphasize. Be involved. And always bear in mind that growing up is hard to do." We should also give children tips on saying no. For example, kids "can use humor, an excellent way to defuse a tense situation."

Is it possible the tobacco moguls are going for the yucks themselves?

We are witnessing yet another move to slow down the first serious government attempt at curtailing teen-age smoking. When the campaign was announced in August for regulations to curb cigarette ads and outlaw both vending machine sales and self-service displays, the tobacco companies filed various lawsuits and claimed that they don't target minors.

Now, adding insult to nicotine injury, the parents of Joe Camel are insisting in ads that "we agree we must do something to keep cigarettes out of the hands of children under the age of 18." Well, trusting RJR to educate children about smoking is like trusting Calvin Klein to



teach them about sex.

Here is a hint about their education format. From a memo, obtained by the Washington Post, we now know that an RJR executive proposed marketing to underage kids as long ago as the mid-1970s. Claude E. Teague Jr.'s memo is sprinkled with references to the peer group known as "pre-smokers" and "learners."

RJR was told how to create "youth brands" with a specific nicotine content and specific taste that would overcome the kids' initial resistance to "the flavor of tobacco smoke, (which) is initially for-

eign and not pleasant."

I have built up some resistance to hypocrisy over the years. But the offer to help kids resist peer pressure is too much for even my immune system. Peer pressure doesn't come out of the ozone. These guys created it in their marketing lab. As the memo said, any marketing geared to the young "should emphasize togetherness, belonging and group acceptance...." And never mind the health thing because "psychologically, at 18, one is immortal."

It wasn't just RJR that practiced what Teague preached. You can match Philip Morris up against Reynolds, run the Marlboro Man against Joe Camel. The glamorous anorexic ads, the T-shirts, the baseball caps, the racetrack promotions have been geared toward "pre-smokers" for decades.

How many times do we have to discover what we already know about the tobacco pushers?

Allow me to redirect the question in the ad: "Who is more responsible toward our children, a bureaucrat or RJR?" You know, in just the right light, the bureaucrat from central villain casting looks kinda friendly. ■

Join The Chicago Medical Society For Its 1996 Midwest Clinical Conference

- **Earn up to 18 hours of Category 1 CME credit.**
- **Join** leaders of organized medicine to discuss managed care, corporate practice of medicine, economic credentialing, peer review and the many other issues affecting your practice.
- **Choose** among 49 outstanding courses in most primary care and specialty fields with planners and speakers from Chicago's prestigious medical schools, as well as leaders in their fields from across the country.
- **Participate in a FREE** screening as part of Glaucoma 2001, a project of the American Academy of Ophthalmology.
- **Sign up** for a hands-on skills workshop on Splinting and Taping--new this year.
- **Maximize** your educational dollar. Conference registration rates have been held to 1992 levels -- AGAIN. For extra savings, preregister and pay your CMS dues before Jan. 1.
- **Appreciate** the convenience of the Sheraton Chicago Hotel & Towers, with up-to-date meeting facilities and elegant rooms.
- **Call** for more information or a detailed preliminary program-- (312) 670-2550, ext. 211.



TO PROVIDE PHYSICIANS with a wide range of consulting, practice management and information systems services, ISMS has proposed the development of the Physician Services Organization. The entity would provide physicians with tools to help them maintain clinical independence and achieve financial success under managed care, according to ISMS' Chairman of the Board of Trustees Ronald G. Welch, MD.

Physicians should lead integrated delivery systems

MANAGED CARE: Skills as a communicator and facilitator will help doctors compete. BY JANICE ROSENBERG

[CHICAGO] By learning some new skills, physicians can regain the control of health care they've gradually relinquished over the last 70 years, said Michael D. Henderson, MD, health care industry coordinator for Hewitt Associates in Lincolnshire. Dr. Henderson spoke Sept. 27 on the leadership of physicians in integrated delivery systems as part of the three-day Managed Health Care Congress-Midwest held at the

Hyatt-Regency Hotel in Chicago.

"For years, physicians have said, 'All I want to do is practice medicine.' We're in a position now where practicing medicine is part and parcel of being a leader," he said. "And if you aren't a leader in your health care system, it's going to be led by people who may have things other than the patient's best interest as their focus."

To maintain control clinically, physi-

cians must become leaders in integrated health care delivery systems, Dr. Henderson continued. "Right now physicians think they have absolute control most of the time in the doctor-patient relationship, but that's an illusion."

"The market and the contract are what will be absolutely vital in New Age terms," he continued. "It doesn't matter if you're the best doctor in town. What matters is, can you compete?"

To handle the vast changes taking place in health care, physicians must lead integrated health care delivery systems, according to Dr. Henderson. The best physician leaders will have had wide experience in hands-on health care delivery. They will understand the language of the people with whom they work. When necessary, they will be willing to obtain advanced degrees in health care or business administration.

"As a leader, a physician needs to be a care optimizer, a cure provider, an integrator and a facilitator," said program speaker R. Stephen Venable, MD, of the American College of Managed Care Medicine in Tampa, Fla. "The physician leader must coordinate a complex series of events. He or she need not be a taskmaster but must be comfortable with ambiguity and complexity."

To be leaders, physicians must keep in mind four specific goals, Dr. Henderson said. First, they need to create shared visions that will allow people in their organizations to function together effectively. Second, they need to define the intent of their organizations. Third, they should develop a "value language" that allows the patient, provider and payer to communicate with one another. Fourth, they need to take control of all actionable data — information on which decision-making can be based.

Control of data is perhaps the most important aspect of leadership in integrated health care systems, Dr. Henderson said. "We're drowning in data because we're dealing with it as it comes out of computers. But just because you can measure and count something, that doesn't make it a thing of value. We need to show what is of value for our organizations."

Physicians as a group are not the only participants in integrated health care systems who will have access to data. Working through systems like the Internet, patients will soon be able to learn about their own diseases, the speakers said.

"Information will be democratized," Dr. Venable noted. "The patient will want more alternatives, and the physician will spend more time as a facilitator and an educator."

In the future, a coordinated system will make it possible to return to methods that proved successful in the past, Dr. Venable said. He predicted greater emphasis on teamwork and a focus on primary care.

"The rewards of physician leadership will be an emphasis on the patient as the most important aspect of the system," Dr. Venable said. "There will be support for professional development, merit-based competition and strong central control through an independent board of physicians."

Let's face it. Every doctor wants a job he or she can step right into, whether full-time or just filling in.

At HMI we know that not every job is the right fit for every doctor.

That's why before we place you, we step into your shoes. We get to know what kind of medicine you want to practice and in what type of environment.

Then our professionals go to work to find the position that measures up to your particular needs.

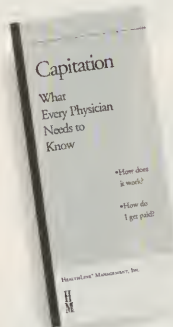
What you walk away with is an opportunity to work in an atmosphere in which your abilities are both needed and appreciated by patients, the community and the medical staff alike. You choose your hours, and earn excellent money without having to worry about liability coverage (we foot the bill), billing or overhead. We even do our best to place you as close to your home as possible.

Your Job Should Fit as Well as a Good Pair of Shoes.

And since HMI is wholly owned by Saint Louis University, whenever you need a consultation about a diagnosis or treatment we can put you directly in touch with a practicing faculty physician from the University's Health Sciences Center.

Call us, with our help, we'll find the right fit.

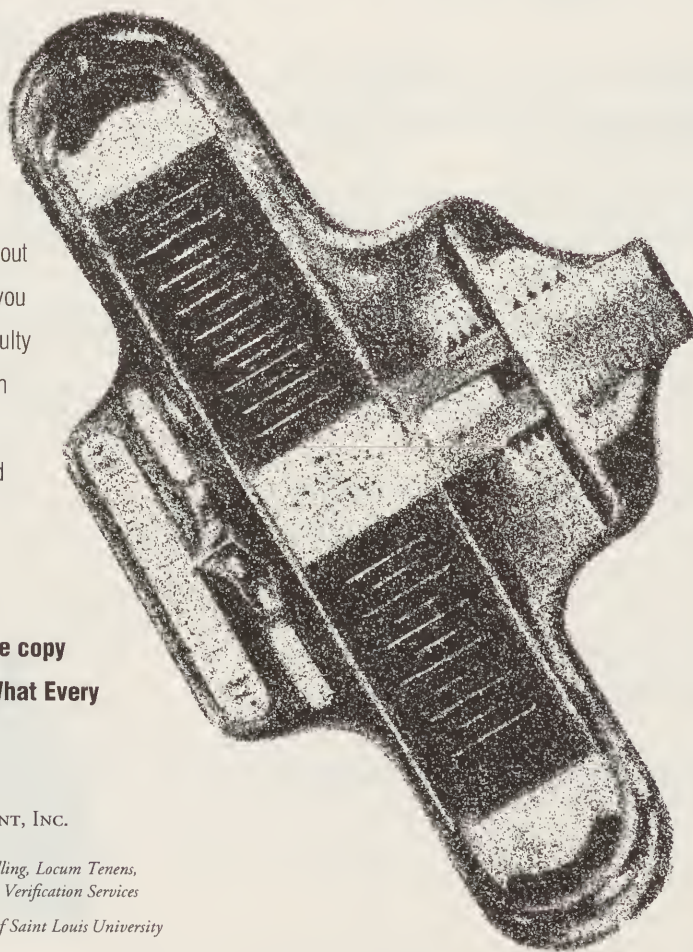
Call 1-800-443-3901 for more information, or to receive a free copy of our brochure, "Capitation: What Every Physician Needs To Know."



HEALTHLINE® MANAGEMENT, INC.

Physician Placement, Staffing, Billing, Locum Tenens,
Practice Management, Credential Verification Services

A wholly owned subsidiary of Saint Louis University



Watch for coverage
of the liability of
attending
physicians

ISMIE Update

Informed consent is key with patient education videos

Videotapes should supplement, not replace, face-to-face communication. BY KATHLEEN FURORE

More and more physicians are relying on video presentations to educate their patients about everything from cancer treatments to hormone replacement therapy, according to a story in the Oct. 30 edition of the Wall Street Journal. But while videotapes, videodiscs and CD-ROM programs can help patients better understand a treatment or surgical procedure, they should not replace the personal counseling so vital to the physician-patient relationship, defense attorneys said.

"You don't want to use videos the way some parents use TV to baby-sit their kids," said attorney Frank Petrek of Bollinger, Ruberry & Garvey in Chicago. "Tapes are no substitute for a physician taking the time to explain a procedure to a patient and ensuring good communication. That is the key to informed consent. Tapes are good to the extent that they can facilitate that kind of communication."

MAKING SURE PATIENTS understand their medical problems and any course of treatment recommended helps minimize the risk of malpractice litigation, the attorneys said. That's why physicians should always discuss the information covered by a tape after patients have watched it, and they should not assume patients understand everything they've seen – no matter what their education level, according to attorney Bob Austin of Chicago's Lord, Bissell & Brook. "Physicians might have the tendency to talk to patients with a high education level and think they understand better, but that may not be the case," he said.

"Use a knowledge base of experience [as a guideline] – that should be the biggest part of the distinction of what is covered with a patient," Petrek said. For example, a patient who has undergone a radial keratotomy on one eye and watches a videotape before a second RK will understand what lies ahead more than

someone who has never experienced the procedure, he explained.

In almost every informed consent malpractice case, patients claim they did not know the risks of the treatment or procedure in question, Austin said. "If a [defendant] doctor's records say a video was shown to a patient and the video said the risks of the procedure were A, B, C and D, it would be to the doctor's benefit." But he noted a tape could be detrimental "if it said there are risks A, B, C and D, and then risk E occurred but it was never mentioned."

Petrek underscored the importance of documenting the use of a video and the resulting follow-up conversation in a patient's chart. "It is appropriate to make a reference in your records to the fact that you provided a patient with an informational tape and that you discussed all the risks and benefits of the procedure [described in the tape]. It is key that you put that down."

Rockford ophthalmologist Douglas Kaplan, MD, who has used videotapes to teach patients about radial keratotomy for the past three years, employs the kind of follow-up procedures the attorneys recommended. "We use a personalized video – I do the introduction – that talks about what RK is like, what the risks, benefits and expected healing time are. Patients like it because it shows what RK is like, and they see people who have had it. It gives it a more human touch." After patients have watched the tape and the nurse, Barb Cavataio, has explained the risks, Dr. Kaplan said he examines them and summarizes the most significant aspects of the surgery again. The nurse also gives patients the information in printed form. Patients sign the informed consent only after all those steps have been completed, Cavataio said.

Although the attorneys said they have not yet seen any malpractice cases in which the use

of videotapes was an issue, Petrek said he believes they will be used more often in cases a decade from now. Physicians should keep a copy of any tape they use to educate patients – just in case, he advised. "Use a video as an adjunct to informed consent, but make sure you preserve it and have it available. It could become an item of discovery. Don't utilize a teaching tool without preserving that teaching tool."

BECAUSE SO MANY companies and professional organizations now offer medical information on video, doctors must make sure

that information is correct and appropriate for their patients, the attorneys said. "There are a lot of marketing services offering tapes," Petrek said. "If physicians feel the need to utilize them, they are better off going to the college or specialty association to which they belong to get the tapes. But if they don't like the tape after they get it and play it, they shouldn't use it. Watch it and be satisfied that the information [patients need] is there." Some tapes show a variety of related treatments or procedures. Physicians should make sure that all the options shown on the tape

are available in their area, Petrek said. Unavailable high-tech procedures "can be creating expectations you can't meet," he explained.

New products entering the market are patient-interactive CD-ROM programs that assess and record the patient's understanding of the material – usually by quizzing the patient, according to risk management specialists. They help document that patients understood the procedure and the risks, and if they did not understand certain areas, physicians know to explain them further. ■

MALPRACTICE ROUNDUP

Physician found not liable for failure to diagnose, repair

A California jury ruled in *Olivero vs. Gregory* that a physician was not liable for failure to diagnose and repair a pseudoaneurysm that formed after a cardiac catheterization was performed, because the pseudoaneurysm formed after the patient was no longer under that doctor's care, according to the September issue of *Medical Malpractice Law & Strategy*.

The physician had treated the patient for several years for aortic valve stenosis and eventually performed a cardiac catheterization to determine whether valve replacement was necessary. Following the catheterization and consultation with a cardiac surgeon, the valve replacement was performed. The pseudoaneurysm was subsequently diagnosed and repaired as well.

The patient sued the defendant physician for failure to timely diagnose and repair the pseudoaneurysm. The defense argued that while under the physician's care, the patient had only a hematoma, and the pseudoaneurysm developed after the patient left the doctor's care. ■

Judge rules parents can sue hospital for losing stillborn baby

A judge in a New York state court ruled a hospital could be sued for negligence for losing the body of a baby who was stillborn a month before coming to term, according to the June 20 edition of the Wall Street Journal. His ruling reversed a previous one in which he stated that the right to burial applied to only an individual who had lived, not to a fetus.

The parents sued the facility for \$5 million in damages for failing to return the baby's remains after an autopsy had been performed. The hospital argued that under New York law, the right to burial did not apply to a fetus. In his latest ruling, the judge said, "The right to the remains of one's deceased kin for the purpose of providing proper burial has long been recognized as a legal right." That right applies to stillborn babies, the ruling stated. ■

Psychiatrist must pay \$2.5 million in false memory suit

A Minnesota psychiatrist must pay \$2.5 million to a patient who accused her of implanting false memories of childhood sexual abuse, according to a story in the Aug. 2 edition of the Chicago Tribune. It is the largest award ever made in a false memory suit, the article said.

The jury ruled that the physician had implanted false memories that made the patient believe she had been subjected to abuse involving satanic rituals and that she had witnessed her grandmother stirring a cauldron of dead infants. The psychiatrist's attorneys called the verdict a "huge warning shot" to therapists and said it "thoroughly discredits the repressed memory theory, which says a person can endure repeated abuse and not remember it until years later."

The defendant psychiatrist also has been named in at least five other civil suits in which patients claim she prompted them to "remember" abuse that never occurred, the Tribune reported. ■

SECOND IN SERIES

Genetic testing reveals patients' medical legacy

Screening can identify individuals at risk, but it also raises issues of affordability, treatment and confidentiality.

BY RICK ASA

When you look at a family photo, you may notice common physical characteristics among relatives. But what you won't see is the inherited risk for certain diseases that family members may share. To help determine their risk, patients are starting to ask for genetic screening. But will everyone who wants it have access to it? And will everyone be able to afford it? Insurers may or may not cover the costs, which several experts said can range from \$200 to more than \$1,000 for a single test.

Patients' socioeconomic status will be a significant factor in deter-

mining which patients can obtain genetic testing, said S. Gail Eckhardt, MD, associate director of the Cancer Therapy and Research Center in San Antonio. She added that she wonders whether patients who can afford an initial screening will be able to pay for resulting follow-up testing and treatment if they find they are at high risk. And will health insurance coverage stratify patients, or will health care reform integrate this technology into universal coverage? Some genetics experts said they question whether insurance companies may eventually use information provided by genetic screening to exclude healthy people from coverage.

When people choose to undergo such testing, insurance compa-

nies should be able to weigh the results as they would any other medical record, said a spokesperson for the Health Insurance Association of America.

The AMA's Council on Ethical and Judicial Affairs has issued an ethical opinion on employer and insurer issues. The opinion states that it is generally inappropriate to exclude people from the workplace based on their genetic risk of disease. Genetic tests alone do not have sufficient predictive value to be relied on as a basis for workplace exclusions.

In addition, physicians should not participate in genetic testing by health insurance companies to predict an individual's predisposition for disease, according to the opin-



Rick Kroninger Photography

SECOND IN SERIES

ion. Consequently, it may be necessary for physicians to maintain separate files for genetic testing results to ensure that those results aren't sent to insurers when requests for copies of medical records are fulfilled.

Vulnerability to insurance and employer discrimination is precisely why Congress should enact legislation protecting the confidentiality of genetic test results, said Francis Collins, MD, director of the Human Genome Project. He cited a study that found that 100 patients were denied insurance coverage because of genetic risks.

As far as individual high-risk patients, how will their quality of life be affected by knowing the test results? And for that matter, what will the testing outcomes be, and how will patients deal with a bad outcome? With cancer screening, most patients will expect the outcome to be "no cancer," Dr. Eckhardt said. However, the actual outcome will depend on the biology of the tumor for which the screening was done. For example, colon cancer has a more predictable pattern of progression than breast cancer, she noted.

Dr. Eckhardt said rapid expan-

sion of technology is likely to "overwhelm our social and financial resources quickly, and decisions will need to be made regarding allocation of the technology and [at what age] screening will commence – in utero?"

Genetic testing will affect physicians as well as patients. "I don't believe this will free up time for clinicians," said R.B. McCabe, MD, professor and executive chairman of the Department of Pediatrics at the UCLA School of Medicine. "We thought that would happen with computers, and now

(Continued on page 10)

What is genetic counseling?

Before genetic testing became a hot medical issue, genetic counselor Beth Fine faced a case that signaled what was to come in the field.

A mother and her three young daughters were referred to Fine for genetic counseling after the woman's husband died at age 42 of genetic adult-onset polycystic kidney disease. Anyone with the disease transmits a 50-50 chance that his or her offspring will inherit the gene responsible for the disease.

It was believed that one of the man's parents, who was deceased, also had the disease, but it was not definitive. The disease normally manifests after a patient is in her childbearing years, and the mother was concerned about her daughters, the oldest of whom was 16.

Fine explained that the girls could undergo an ultrasound to look for cysts on the kidneys, which indicate onset by about age 20. The mother and daughters decided to be tested, and one girl was positive for the cysts.

"This teen-ager had to deal with the fact that she was going to develop the disease for certain," said Fine, who developed and administers a continuing education course at Northwestern University Medical School to educate primary care physicians and other health care professionals about the sensitive issues related to genetic testing. "In that case, I wasn't convinced it was of benefit to the girl, but her mother wanted to know because she watched what her husband went through. They were all sad, but they handled it. There can be advantages in being able to psychologically adjust to it, prepare for it and keep up with any breakthroughs. The girl could also decide to adopt or use a donor egg or not have children.

"The ultimate recipient of this technology and availability of tests is our patients," said Fine, who is the genetic counseling representative to a working group on the implications of mapping the human genome. "It adds a new dimension to what we've done traditionally. When nurses, physicians and others take the course, they learn what the genetic testing process involves and should involve and learn to make a connection with their local genetics center. We spend time on what has to happen, what they can do effectively.

"Part of that is helping primary care providers and patients know what the state of the art is," Fine continued. "So, we cover how to pick a lab and how to deal with it. Then we provide training on DNA testing and education on how the tests

work for the patients, the odds of their being accurate, what the risks are when they find out, and then we explain the informed-consent process."

Genetic counselors are required to have a master's degree in genetic counseling, which encompasses a multidisciplinary curriculum combining clinical and classroom applications in medicine, genetics, ethics, psychology and communication, Fine said. In some states, certification is also required.

Physicians may be less familiar with genetic counseling than other allied fields, perhaps because it evolved from a model different from the one physicians learned, Fine said. "We focus on making information accessible for patients in a way they can understand and make their own decisions. The understanding has to come from the intellectual, cognitive, emotional and ethical, as well as the cultural, context.

"We talk about how to facilitate a whole family's understanding," Fine said. "What does disease mean to them? What kind of support system do they have? How do they view testing? Next is, Do we want to know this information, and do we have the right not to know, given what the information could tell us? We function in a nondirective manner. We do not say, 'This is the path you must go down.'

"Physicians are much more inclined – and this is not a criticism, it's how they are trained – to prescribe, because they have to make it better," Fine said. "In genetics, that's not always the case. If they start dealing with genetic testing in their practice, they need to understand that there is a process in genetic counseling that needs to be translated or at least understood in their relationships with their patients."

Before a testing decision is ever made, genetic counselors help patients anticipate how they will cope with the test results, Fine said. "Sometimes the doctors just say to them, 'Here is what the test does,' and patients realize later that they never would have wanted it if they had understood the ramifications.

"People like viewing things in black and white, but this isn't a black-and-white issue," Fine said. "There is no easy way. So, it's important for primary care physicians to start listening to and working with genetics people and dealing with patients' psychological [issues]. Take a course, read, consult. Listen carefully to patients about their issues. We are a resource."

— Rick Asa

Genetic testing

(Continued from page 9)

we're just more productive. I think that's the way it will be for genetics. They will simply be able to do more. But the real potential here is in preventive medicine and the public health sector. It will place demands on primary care physicians to understand risk. This is largely not about a binary — you either get it or not — but about probability and risk and being able to inform the patient knowledgeably.

"A lot of us are drawn to medicine because we're not terribly quantitative," Dr. McCabe continued. "I always did better in biology than in calculus. The concept of understanding the quantitative aspects of biological phenomena is going to be hard for many of us, and I put myself in that category. That doesn't mean every physician will have to become an epidemiologist. It means the physician and epidemiologist will have to do a good job of reducing their concepts in a way that physicians and the public can understand."

From genetic screening, the logical progression is to gene therapy. In some form, it "will happen," said Allen Samarel, MD, director of the cardiovascular basic research lab at Loyola University Medical Center. "Whether it will be applicable to a large percentage of the population, I don't know. My guess is that it probably won't be, but there may be very specific indications for very specific forms of genetic disorders where you would approach that problem by replacing a gene. It may well be that if you have a narrowing in the coronary artery, we may have this special drug that is really an expression factor for a gene, but a drug in every other way, and we will put this drug into the walls of the artery to prevent narrowing from occurring. It could be as simple as that."

All the geneticists interviewed expressed confidence in the promise of genetic testing. Their concern lies less in whether technology will provide immense benefits than in whether breakthroughs will outpace the ability of health care professionals and the public to deal with the most sensitive issues, including how results are used.

To help patients who are at risk for cancer, the University of Chicago Cancer Risk Clinic helps them and their families understand that risk and offers testing and treatment, said director Olufunmilayo Olopade, MD, a medical oncologist and an expert on cancer genetics and risk assessment. "We do talk about genetic testing with patients, and we do know that testing will be more widely available in the near future. We also help patients find research groups because it is still recommended that such testing be done in the research setting."

The clinic is also conducting susceptibility gene cloning for breast cancer, melanoma and kidney cancer, and is recruiting families at increased risk of prostate cancer.

"A real priority is educating physicians on how to evaluate genetic risk and how to talk to patients and make them understand it," Dr. Olopade said. "Really, the testing is the last thing in line. The public needs to understand what the issues are, and right now, it doesn't. We've had patients come in and say a doctor simply told them to go get a breast cancer gene test. It's obvious to

me that people are really lost. We have a lot of work to do."

"Certainly we want to be as informed as possible," Dr. McCabe said. "It's to our advantage to keep going as rapidly as possible. We have to learn how to develop the information systems and how to keep up, and we are starting to do that in the area of genetics. It would be far worse to slow down the pace of progress."

"I always feel I'm being disloyal to genetics when I say this, but I think where molecular technology is going to have a major impact on clinical medicine is in the area of infectious disease," he

continued. "In the same way we are learning to deal with human genetic disease, DNA can also diagnose bacteria very effectively. I think what's going to desensitize the profession about this technology is really where they use it in the day-to-day practice of infectious disease and viral disease diagnosis."

"We think there will be a time when a person comes into an emergency room with a concern about infection, and rather than do a blood culture as we do now, they will send a sample and have a PCR result back in four to six hours," Dr. McCabe said. (Polymerase chain

reaction is a newer type of DNA analysis that amplifies DNA through duplication of tiny pieces, millions of times.) "That's the way this technology is going to impact the way we do everyday clinical medicine."

"In the next quarter-century, we may each walk around with some kind of genetic ID card that basically tells anyone what screening for a certain number of diseases has revealed about us," said Errol Friedberg, MD, molecular pathologist at the University of Texas Southwestern Medical Center at Dallas. "It will probably apply to more common



- First-line monotherapy in children 6 years of age or older and adults
- Controls partial seizures^{1,2}; partial seizures, secondarily generalized^{1,2}; and generalized tonic-clonic seizures³
- Low risk of cognitive impairment⁴⁻⁶ and cosmetic side effects^{1,2,6}

Tegretol is indicated as first-line monotherapy for the treatment of partial, secondarily generalized, and generalized tonic-clonic seizures in children 6 years of age or older and adults. The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. Although reports of transient or persistent decreased platelet or white blood cell counts are not uncommon in association

diseases – the mutation in a breast cancer gene, for instance.”

Neurologist David Hill, MD, a private practitioner, most of whose patients are from rural southern Illinois, said he sees a lot of inherited diseases and he believes the most promise in his field lies in genetic counseling and diagnosis.

“In the last year, I’ve had five patients with Huntington’s disease, and their offspring have a 50-50 chance of inheriting the gene. If you have the gene, you are going to get the disease. So what families need to do to stop the disease is stop reproduction. You tend to counsel that if

the mother had Huntington’s, maybe the daughter should think about whether or not to have children.”

A researcher who helped develop the genetic test for Huntington’s disease was faced with just that situation. Susan Waxman, MD, was especially interested in the disease because it caused her mother’s death. After the test became available, of course Dr. Waxman had the opportunity to take it.

“She and her sister both had tubal ligations and had no children,” Dr. Hill said. “[But] she declined to take the test. She doesn’t want to know.” ■



Carla Sommerfeld

KAREN TELLERS, an ISMIE professional liability supervisor in the claims division, is the most recent recipient of the Society’s Employee Recognition Award. She was cited for maintaining excellent service and supervising staff in Rockford and Chicago.

THEIR SECURITY BLANKET....

 **Tegretol**[®]
carbamazepine USP

200-mg scored tablets
100-mg chewable tablets
Suspension, 100 mg/5 ml

CibaGeneva
PHARMACEUTICALS

Tried...True...Trusted for more than 25 years

with the use of Tegretol, the vast majority of cases of leukopenia have not progressed to the more serious conditions of aplastic anemia or agranulocytosis. When initiating therapy with Tegretol, obtain complete pretreatment hematologic testing as a baseline. Please consult brief summary of Prescribing Information and references on next page.

©1995, Ciba-Geigy Corporation. 318-58053-B

Tegretol®
carbamazepine USP

Chewable Tablets of 100 mg - red-speckled, pink
Tablets of 200 mg - pink
Suspension of 100 mg/5 ml

BRIEF SUMMARY (FOR COMPLETE PRESCRIBING INFORMATION SEE PACKAGE INSERT)

WARNING
APLASTIC ANEMIA AND AGRANULOCYTOSIS HAVE BEEN REPORTED IN ASSOCIATION WITH THE USE OF TEGRETOL. DATA FROM A POPULATION-BASED CASE CONTROL STUDY DEMONSTRATE THAT THE RISK OF DEVELOPING THESE REACTIONS IS 5-8 TIMES GREATER THAN IN THE GENERAL POPULATION. HOWEVER, THE OVERALL RISK OF THESE REACTIONS IN THE UNTREATED GENERAL POPULATION IS LOW. APPROXIMATELY SIX PATIENTS PER ONE MILLION POPULATION PER YEAR FOR AGRANULOCYTOSIS AND TWO PATIENTS PER ONE MILLION POPULATION PER YEAR FOR APLASTIC ANEMIA.

ALTHOUGH REPORTS OF TRANSIENT OR PERSISTENT DECREASED PLATELET OR WHITE BLOOD CELL COUNTS ARE NOT UNCOMMON IN ASSOCIATION WITH THE USE OF TEGRETOL, DATA ARE NOT AVAILABLE TO ESTIMATE ACCURATELY THEIR INCIDENCE OR OUTCOME. HOWEVER, THE VAST MAJORITY OF THE CASES OF LEUKOPENIA HAVE NOT PROGRESSED TO THE MORE SERIOUS CONDITIONS OF APLASTIC ANEMIA OR AGRANULOCYTOSIS.

BECAUSE OF THE VERY LOW INCIDENCE OF AGRANULOCYTOSIS AND APLASTIC ANEMIA, THE VAST MAJORITY OF MINOR HEMATOLOGIC CHANGES OBSERVED IN MONITORING OF PATIENTS ON TEGRETOL ARE UNLIKELY TO SIGNAL THE OCCURRENCE OF EITHER ABNORMALITY. NONETHELESS, COMPLETE PRETREATMENT HEMATOLOGICAL TESTING SHOULD BE OBTAINED AS A BASELINE. IF A PATIENT IN THE COURSE OF TREATMENT EXHIBITS LOW OR DECREASED WHITE BLOOD CELL OR PLATELET COUNTS, THE PATIENT SHOULD BE MONITORED CLOSELY. DISCONTINUATION OF THE DRUG SHOULD BE CONSIDERED IF ANY EVIDENCE OF SIGNIFICANT BONE MARROW DEPRESSION DEVELOPS.

Before prescribing Tegretol, the physician should be thoroughly familiar with the details of this prescribing information, particularly regarding use with other drugs, especially those which accentuate toxicity potential.

INDICATIONS AND USAGE
Epilepsy: Tegretol is indicated for use as an anticonvulsant drug. Evidence supporting efficacy of Tegretol as an anticonvulsant was derived from active drug-controlled studies that enrolled patients with the following seizure types:
1. Partial seizures with complex symptomatology (psychomotor, temporal lobe). Patients with these seizures appear to show greater improvement than those with other types.
2. Generalized tonic-clonic seizures (grand mal).
3. Mixed seizure patterns which include the above, or other partial or generalized seizures.

Absence seizures (petit mal) do not appear to be controlled by Tegretol (see PRECAUTIONS, General).

Trigeminal Neuralgia: Tegretol is indicated in the treatment of the pain associated with true trigeminal neuralgia.

Beneficial results have also been reported in glossopharyngeal neuralgia.

This drug is not a simple analgesic and should not be used for the relief of trivial aches or pains.

CONTRAINDICATIONS
Tegretol should not be used in patients with a history of previous bone marrow depression, hypersensitivity to the drug, or known sensitivity to any of the tricyclic compounds, such as amitriptyline, desipramine, imipramine, protriptyline, nortriptyline, etc. Likewise, on theoretical grounds its use with monoamine oxidase inhibitors is not recommended. Before administration of Tegretol, MAO inhibitors should be discontinued for a minimum of fourteen days, or longer if the clinical situation permits.

WARNINGS
Patients with a history of adverse hematologic reaction to any drug may be particularly at risk.

Severe dermatologic reactions including toxic epidermal necrolysis (Lyell's syndrome) and Stevens-Johnson syndrome, have been reported with Tegretol. These reactions have been extremely rare. However, a few fatalities have been reported.

Tegretol has shown mild anticholinergic activity; therefore, patients with increased intraocular pressure should be closely observed during therapy.

Because of the relationship of the drug to other tricyclic compounds, the possibility of activation of a latent psychosis and, in elderly patients, of confusion or agitation should be borne in mind.

PRECAUTIONS
General: Before initiating therapy, a detailed history and physical examination should be made.

Tegretol should be used with caution in patients with a mixed seizure disorder that includes atypical absence seizures, since in these patients Tegretol has been associated with increased frequency of generalized convulsions (see INDICATIONS AND USAGE).

Therapy should be prescribed only after critical benefit-to-risk appraisal in patients with a history of cardiac, hepatic or renal damage, adverse hematologic reaction to other drugs, or interrupted courses of therapy with Tegretol.

Since a given dose of Tegretol suspension will produce higher peak levels than the same dose given as the tablet, it is recommended that patients given the suspension be started on lower doses and increased slowly to avoid unwanted side effects (see DOSAGE AND ADMINISTRATION).

Information for Patients: Patients should be made aware of the early toxic signs and symptoms of a potential hematologic problem, such as fever, sore throat, rash, ulcers in the mouth, easy bruising, petechial or purpuric hemorrhage, and should be advised to report to the physician immediately if any such signs or symptoms appear.

Since dizziness and drowsiness may occur, patients should be cautioned about the hazards of operating machinery or automobiles or engaging in other potentially dangerous tasks.

Laboratory Tests: Complete pretreatment blood counts, including platelets and possibly reticulocytes and serum iron, should be obtained as a baseline. If a patient in the course of treatment exhibits low or decreased white blood cell or platelet counts, the patient should be monitored closely. Discontinuation of the drug should be considered if any evidence of significant bone marrow depression develops.

Baseline and periodic evaluations of liver function, particularly in patients with a history of liver disease, must be performed during treatment with this drug since liver damage may occur. The drug should be discontinued immediately in cases of aggravated liver dysfunction or active liver disease.

Baseline and periodic eye examinations, including slit-lamp, funduscopy and tonometry, are recommended since many phenothiazines and related drugs have been shown to cause eye changes.

Baseline and periodic complete urinalysis and BUN determinations are recommended for patients treated with this agent because of observed renal dysfunction.

Monitoring of blood levels (see CLINICAL PHARMACOLOGY) has increased the efficacy and safety of anticonvulsants. This monitoring may be particularly useful in cases of dramatic increase in seizure frequency and for verification of compliance. In addition, measurement of drug serum levels may aid in determining the cause of toxicity when more than one medication is being used.

Thyroid function tests have been reported to show decreased values with Tegretol administered alone.

Hyponatremia has been reported in association with Tegretol use, either alone or in combination with other drugs.

Drug Interactions: The simultaneous administration of phenobarbital, phenytoin, or primidone, or a combination of two, produces a marked lowering of serum levels of Tegretol. The effect of valproic acid on Tegretol blood levels is not clearly established, although an increase in the ratio of active 10, 11-epoxide metabolite to parent compound is a consistent finding.

The half-lives of phenytoin, warfarin, doxycycline, and theophylline were significantly shortened when administered concurrently with Tegretol. Haloperidol and

valproic acid serum levels may be reduced when these drugs are administered with Tegretol. The doses of these drugs may therefore have to be increased when Tegretol is added to the therapeutic regimen.

Concomitant administration of Tegretol with erythromycin, cimetidine, propoxyphene, terfenadine, isoniazid, fluoxetine or calcium channel blockers has been reported to result in elevated plasma levels of total and/or free carbamazepine resulting in toxicity in some cases. Also, concomitant administration of carbamazepine and lithium may increase the risk of neurotoxic side effects.

Alterations of thyroid function have been reported in combination therapy with other anticonvulsant medications.

Breakthrough bleeding has been reported among patients receiving concomitant oral contraceptives and their reliability may be adversely affected.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carbamazepine, when administered to Sprague-Cawley rats for two years in the diet at doses of 25, 75, and 250 mg/kg/day, resulted in a dose-related increase in the incidence of hepatocellular tumors in females and of benign interstitial cell adenomas in the testes of males.

Carbamazepine must, therefore, be considered to be carcinogenic in Sprague-Cawley rats. Bacterial and mammalian mutagenicity studies using carbamazepine produced negative results. The significance of these findings relative to the use of carbamazepine in humans is, at present, unknown.

Pregnancy Category C: Tegretol has been shown to have adverse effects in reproduction studies in rats when given orally in dosages 1025 times the maximum human daily dosage of 1200 mg. In rat teratology studies, 2 of 135 offspring showed kinked ribs at 250 mg/kg and 4 of 119 offspring at 650 mg/kg showed other anomalies (cleft palate, 1; talipes, 1; anophthalmos, 2). In reproduction studies in rats, nursing offspring demonstrated a lack of weight gain and an unkempt appearance at a maternal dosage level of 200 mg/kg.

There are no adequate and well-controlled studies in pregnant women.

Epidemiological data suggest that there may be an association between the use of carbamazepine during pregnancy and congenital malformations, including spina bifida. Tegretol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Retrospective case reviews suggest that, compared with monotherapy, there may be a higher prevalence of teratogenic effects associated with the use of anticonvulsants in combination therapy. Therefore, monotherapy is recommended for pregnant women.

It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

Labor and Delivery: The effect of Tegretol on human labor and delivery is unknown.

Nursing Mothers: During lactation, concentration of Tegretol in milk is approximately 60% of the maternal plasma concentration.

Because of the potential for serious adverse reactions in nursing infants from carbamazepine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children below the age of 6 years have not been established.

ADVERSE REACTIONS
If adverse reactions are of such severity that the drug must be discontinued, the physician must be aware that abrupt discontinuation of any anticonvulsant drug in a responsive epileptic patient may lead to seizures or even status epilepticus with its life-threatening hazards.

The most severe adverse reactions have been observed in the hemopoietic system (see boxed WARNING), the skin and the cardiovascular system.

The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. To minimize the possibility of such reactions, therapy should be initiated at the low dosage recommended.

The following additional adverse reactions have been reported:

Hemopoietic System: Aplastic anemia, agranulocytosis, pancytopenia, bone marrow depression, thrombocytopenia, leukopenia, leukocytosis, eosinophilia, acute intermittent porphyria.

Skin: Pruritic and erythematous rashes, urticaria, toxic epidermal necrolysis (Lyell's syndrome) (see WARNINGS), Stevens-Johnson syndrome (see WARNINGS), photosensitivity reactions, alterations in skin pigmentation, exfoliative dermatitis, erythema multiforme and nodosum, purpura, aggravation of disseminated lupus erythematosus, alopecia, and diaphoresis. In certain cases, discontinuation of therapy may be necessary. Isolated cases of hirsutism have been reported, but a causal relationship is not clear.

Cardiovascular System: Congestive heart failure, edema, aggravation of hypertension, hypotension, syncope and collapse, aggravation of coronary artery disease, arrhythmias and AV block, primary thrombophlebitis, recurrence of thrombophlebitis, and adenopathy or lymphadenopathy.

Some of these cardiovascular complications have resulted in fatalities. Myocardial infarction has been associated with other tricyclic compounds.

Liver: Abnormalities in liver function tests, cholestatic and hepatocellular jaundice, hepatitis.

Respiratory System: Pulmonary hypersensitivity characterized by fever, dyspnea, pneumonitis or pneumonia.

Genitourinary System: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, azotemia, renal failure, and impotence. Albuminuria, glycosuria, elevated BUN and microscopic deposits in the urine have also been reported.

Testicular atrophy occurred in rats receiving Tegretol orally from 4 to 52 weeks at dosage levels of 50 to 400 mg/kg/day. Additionally, rats receiving Tegretol in the diet for two years at dosage levels of 25, 75, and 250 mg/kg/day had a dose-related incidence of testicular atrophy and aspermatogenesis. In dogs, it produced a brownish discoloration, presumably a metabolite. In the urinary bladder at dosage levels of 50 mg/kg and higher. Relevance of these findings to humans is unknown.

Nervous System: Dizziness, drowsiness, disturbances of coordination, confusion, headache, fatigue, blurred vision, visual hallucinations, transient diplopia, oculomotor disturbances, nystagmus, speech disturbances, abnormal involuntary movements, peripheral neuritis and paresthesias, depression with agitation, talkativeness, tinnitus, and hyperacusis.

There have been reports of associated paralysis and other symptoms of cerebral arterial insufficiency, but the exact relationship of these reactions to the drug has not been established.

Digestive System: Nausea, vomiting, gastric distress and abdominal pain, diarrhea, constipation, anorexia, and dryness of the mouth and pharynx, including glossitis and stomatitis.

Eyes: Scattered punctate cortical lens opacities, as well as conjunctivitis, have been reported. Although a direct causal relationship has not been established, many phenothiazines and related drugs have been shown to cause eye changes.

Musculoskeletal System: Aching joints and muscles, and leg cramps.

Metabolism: Fever and chills. Inappropriate antidiuretic hormone (ADH) secretion syndrome has been reported. Cases of trunk water intoxication, with decreased serum sodium (hyponatremia) and confusion, have been reported in association with Tegretol use (see PRECAUTIONS, Laboratory Tests).

Other: Isolated cases of a lupus erythematosus-like syndrome have been reported. There have been occasional reports of elevated levels of cholesterol, HDL cholesterol and triglycerides in patients taking anticonvulsants.

A case of aseptic meningitis, accompanied by myoclonus and peripheral eosinophilia, has been reported in a patient taking carbamazepine in combination with other medications. The patient was successfully dechallenged, and the meningitis reappeared upon rechallenge with carbamazepine.

Printed in USA

C94-3 (Rev. 3/94)

**BASEL
Pharmaceuticals**

**Basel Pharmaceuticals
Ciba-Geigy Corporation
Summit, New Jersey 07901**

REFERENCES:

1. Mattson RH, Cramer JA, Collins JF, et al. Comparison of carbamazepine, phenobarbital, phenytoin, and primidone in partial and secondarily generalized tonic-clonic seizures. *N Engl J Med.* 1985;313:145-151.
2. Mattson RH, Cramer JA, Collins JF, et al. A comparison of valproate with carbamazepine for the treatment of complex partial seizures and secondarily generalized tonic-clonic seizures in adults. *N Engl J Med.* 1992;327:765-771.
3. Mikati MA, Browne TR. Comparative efficacy of antiepileptic drugs. *Clin Neuropharmacol.* 1988;11:130-140.
4. Trimble MR. Anticonvulsant drugs and cognitive function: a review of the literature. *Epilepsia.* 1987;28(suppl 3):S37-S45.
5. Smith OB, Mattson RH, Cramer JA, et al. Results of a nationwide Veterans Administration cooperative study comparing the efficacy and toxicity of carbamazepine, phenobarbital, phenytoin, and primidone. *Epilepsia.* 1987;28(suppl 3):S50-S58.
6. Herranz JL, Armijo JA, Artega R. Clinical side effects of phenobarbital, primidone, phenytoin, carbamazepine, and valproate during monotherapy in children. *Epilepsia.* 1988;29:794-804.



FROM REFILL TO REFILL . . . WHICH CBZ WILL YOUR TEGRETOL PATIENTS GET NEXT?

Only *you* can prevent substitution when
you Rx Tegretol . . .

- by signing on the line that prevents substitution
- OR adding the phrase required in your state:
 - Dispense as Written
 - Do Not Substitute
 - May Not Substitute
 - No Drug Product Selection
 - No Substitution
 - Medically Necessary
 - Brand Necessary
 - Brand Medically Necessary
(for your Medicaid patients)

This ensures your patient receives the Tegretol
branded product YOU have prescribed.

Providing ongoing support and commitment to the epilepsy community

'Silent PPOs' plague physicians, patients

ALERT: Providers should beware of billing schemes that create PPO discounts for unentitled payers. BY KATHLEEN FURORE

[CHICAGO] Physicians, hospitals and patients are being victimized by billing schemes in which third-party payers apply preferred provider organization discounts to patients who are not covered by PPOs, according to the American Medical Association and the American Hospital Association. These "silent" or "nondirected PPOs" wreak financial havoc on unsuspecting providers who are reimbursed less than what they're entitled to, and they boost costs for patients who must pay the difference between the reimbursement and the provider's reasonable charge, according to an AMA/AHA Silent PPO Alert.

"Depending on patient volume, providers could be losing tens of thousands of dollars, if not hundreds of thousands of dollars, on inappropriately applied discounts," the document explained. "In addition, patients who may think that their health care bills are covered may be balance billed by providers who discover that a bill has been repriced through a 'silent PPO.'"

The process begins when PPOs sell their rosters of providers and discount levels to brokers and other payers, which is a common practice. Physicians send bills to those payers, who then return the bills based on the PPO discount levels indicated on the roster, even though the patients involved are not PPO enrollees, according to the alert. Providers usually accept the lower payments without question because their accounting or billing departments verify the existence of the providers' PPO contracts, but they don't check each patient's records to confirm PPO membership, the alert said.

Another potential problem is that some brokers provide the discount rate information on disks that let payers reprice claims from any provider under contract with any of the PPOs listed in the software program without requiring payers to access a PPO discount for each claim, according to the AMA.

"When a [physician's] name comes up [on the computer] showing a PPO discount, it may show up without the name of the PPO," explained Michael Ile, counsel in the AMA's Health Law Division. "So the EOB [explanation of benefits] form may end up referencing the broker, not the PPO."

Because physicians and hospitals rarely, if ever, contract with a broker, this can increase confusion at the provider level. "In effect, the provider will be asked to honor a discount for an indemnity patient on behalf of a PPO with which the provider has not contracted," the alert said.

This secondary market for contracted rates is problematic because providers generally negotiate PPO discounts in exchange for being termed a "preferred provider" and for the extra business those lower rates likely will generate. But those benefits are nonexistent with silent PPOs, according to ISMS General Counsel Saul Morse.

"If those discounted rates are being utilized by people who are not part of the group you've contracted with, you're accepting potentially less money for a

Silent PPOs appear to be the product of payers taking unfair advantage of the complexity of managing multiple managed care contracts.

wider range of patients. Yet you have no contract with these people," he explained. "The practice borders on deception. It is clearly a scheme [by payers] to get a benefit they did not negotiate and don't have a right to." Also of concern is the damage to physician-patient relationships that can occur when patients are billed for balances they assume their insurer has paid, Morse added.

Physicians and hospitals already involved with PPOs are most susceptible to silent PPO scams, Ile said. "I think the only physicians not at risk are those who have no PPO contracts, and I don't think there are many of those. If [physicians] don't have a PPO contract and a PPO discount shows up on an EOB, I think they would notice."

Doctors who sign PPO contracts, in fact, could unknowingly be giving the go-ahead for those entities to share discount information. "I've never seen a PPO contract that specifically says the organization can apply the discount to anyone. But there are some [contracts] that are relatively unclear about who is entitled to discounts," Ile said. "I imagine [silent] PPOs are saying the loose language entitles them [to the discounts]. But I would say just the opposite. It's a real stretch to interpret neutral language to include silent PPO activity."

RESPONDING TO REPORTS of silent PPO billing practices, the American Association of Preferred Provider Organizations recently issued a statement that condemns brokering negotiated rates without contractual authority, according to attorney Douglas Elden, editor of the association's newsletter Health Care Innovations. "The essence of the bargain struck between providers and the PPO requires the latter to attract payers and to engage (along with payers) in steerage of eligible persons," the statement said. "AAPPO does not condone the practice of applying the negotiated fee schedule in situations where the payer/PPO side of the bargain is unfulfilled."

A silent PPO is not a PPO, Elden said. "If the campaign of exposing silent PPOs fails to distinguish these practices from the legitimate operations of actual PPOs, this campaign could jeopardize the ability of the actual PPO to continue to perform as a credible player in the managed care marketplace," he wrote in the September/October issue of Health Care Innovations. "Silent PPOs or nondirect-

ed PPOs are not PPOs by the AAPPO definition. In fact, silent PPOs appear to be the product of payers taking unfair advantage of the complexity of managing multiple managed care contracts, aggressive interpretation of contracts by discount brokers, poor provider business decisions and possibly fraud."

Although Ile said he hopes the attention paid to PPOs during the past year will curb the practice, he and Morse stressed the importance of thoroughly understanding contracts and verifying each patient's coverage when EOB forms are received.

Providers should scrutinize PPO contracts and their dealings with payers, refuse to sign PPO contracts permitting the sale of discount information and carefully audit their records to determine whether PPO discounts are being applied inappropriately to indemnity patients, the AMA/AHA alert said.

Providers who think they are victims of silent PPO activities may have viable causes of action to sue the insurers and brokers involved, according to the AMA. The success of any legal action, however, will depend upon the facts of each case and the law of the applicable jurisdiction. Any action should be taken only

after consultation with knowledgeable counsel, the AMA said.

ISMS provides such legal assistance through the Lawyer Referral Network and offers support in record-keeping and other practice management areas through the Consultant Referral Service. To access a referral to either service, physicians may phone (800) MD-ASIST.

ISMS' proposed Physician Services Organization would also help members in all areas of managed care and in practice management. The PSO would be structured to help ISMS' entire membership become a force in the changing health care marketplace by offering a "wide range of consulting, practice management and information systems services," according to ISMS Chairman of the Board of Trustees Ronald G. Welch, MD. "By making a broad mix of services available to physicians, we believe we can significantly improve the medical practice environment for our members and reduce the competitive advantages enjoyed by insurance companies and wealthy health maintenance organizations," Dr. Welch said. The board approved the PSO conceptual business plan Sept. 16. ■

HOOVER & BRASELTON

ATTORNEYS AT LAW

20 NORTH CLARK ST.
SUITE 3600
CHICAGO, IL 60602
312-759-3907

Sam Hoover, MD, JD

Debra Braselton, RN, JD

Thomas J. Keevers, JD

PRIVATE COUNSEL FOR

Licensure Problems
Contract Negotiations
Partnerships and Corporations
Privileges Disputes
Medicare, Medicaid and Insurance
Fraud Allegations
Malpractice Actions
And Other Health Law Issues

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Internal medicine – Immediate opening for a board-certified or -prepared internist interested in starting and building a new practice in a newly opened, state-of-the-art outpatient center in Morris, Ill. Position includes a highly competitive financial package and comprehensive benefits with CME and vacation time. Morris, located one hour south of downtown Chicago, provides a terrific environment in which to live and work, with excellent educational facilities and a low cost of living. For more information, call Marie Noeth at (800) 438-3745 or fax your CV to (309) 685-2574.

Internist needed for an office practice in a rural area in Illinois approximately 30 miles from East St. Louis. Please send replies to Box 2282, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable northwest Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pack your bags! You're going to exciting Chicago! Opportunity for an IM physician to practice in one of Chicago's most respected and successful IM practices. Imagine no business hassles or practice headaches. You'll find our location to be ideal, with support from a well-known 475-bed regional hospital located in beautiful Lincoln Park – one of the nicest areas in town. Your professional rewards include a competitive salary package, complete with comprehensive benefits. For more details, please call Mark Hanna, (800) 235-6745.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. A trained paramedic will provide transportation and accompany the physician. We are looking for individuals with training in the following areas: surgery, internal medicine, geriatrics and family medicine. Full-time compensation is \$120,000 plus benefits. Part-time is guaranteed \$480 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Diagnostic radiologist: Private office practice for sale to BC/BE. Excellent opportunity for independent practice in central Illinois university town. Mammography, ultrasound and R&F; potential for expansion to nuclear medicine and CT. Send replies to Box 2285, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin, Michigan, Iowa: Major multispecialty groups and a staff model HMO are seeking additional physicians specializing in family practice, internal medicine, pediatrics, hematology/oncology, nephrology and occupational medicine. Innovative, growing practices in safe, progressive communities. Choose from suburban and metropolitan cities, college and resort towns, or rural destinations. Enjoy four distinct seasons and an abundance of recreation at pristine lakes and forests. For more information, call Strelcheck & Associates at (800) 243-4353.

Minneapolis: Opportunities currently available for BC/BE family physicians to join multispecialty group with 165 providers and 14 clinics located throughout the metropolitan area. Thriving blend of fee-for-service and managed care patients; governed and managed by its own health care providers; guaranteed base salary plus excellent benefits. Send CV to Nancy Borgstrom, Aspen Medical Group, 1021 Bandana Blvd. E, #200, St. Paul, MN 55108; (612) 642-2779; or fax (612) 642-9441. EOE.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buffalo Grove, IL 60089; fax (708) 541-9336.

Illinois, southwest of Chicago: Part-time physician. Seeking experienced BC/BE physician for work in a moderate-volume, rapidly growing Level II trauma center hospital 60 miles southwest of the Loop. Excellent compensation, includes paid malpractice. Contact Steven Taller, MD, FACEP, Morris Hospital, 150 W. High St., Morris, IL 60450; (815) 942-2932, ext. 1158.

Family practice, internal medicine, Ob/Gyn and urgent-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Internist and surgical physician BC/BE needed to join multiple practice, progressive, industrial and family practice clinic. Full- or part-time positions available. Excellent salary and outstanding benefits. Please send replies to Box 2283, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Malpractice case evaluation: Board-certified medical experts needed. All specialties. All locations. Defense and plaintiff cases. Excellent remuneration. Interested physicians, please contact and send CV to Barry Gustin, MD, FACEP, American Medical Forensic Specialist, 2991 Shattuck Ave., Suite 302, Berkeley, CA 94705. Phone (510) 549-1693, fax (510) 486-1255.

Opportunity for physician: Established or newly licensed MD for practice of general medicine. Share in the care of patient clientele. Opportunity for growth and possible assumption of practice. For confidential interview, phone (317) 447-1412 Monday, Tuesday, Thursday, or phone (317) 447-1693 after 4 p.m.

Locum pediatrician needed. Northwest suburbs. Daytime only for office practice. Dec. 15 to Dec. 30. All or some days. Call (708) 742-9711, days, or (708) 931-6546, evenings.

Fast track: Chicago. Full- or part-time faculty at Mount Sinai Hospital Medical Center. One-third occupational medicine patients. Opportunities for board certification in occupational medicine. Top-dollar compensation and benefits, including CME and medical malpractice insurance. Contact Leslie Zun, MD, at (312) 257-6843.

Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

Premier Ob/Gyn opportunity! Metropolitan-based hospital seeks board-certified or board-eligible Ob/Gyn to join a modern, financially strong, state-of-the-art facility that specializes in the treatment of women. Access to six OR suites, 14 LDRs, 30-plus-bed NICU, two FT neonatologists and Level III nursery. Generous base salary is complemented by excellent benefits and profit-sharing. Located in one of the most desirable cities in the United States. One-to-six coverage and a full load of patients immediately. For more information, call Bill Cox, (800) 654-2854.

FAMILY PRACTITIONER ...

Want to share call with 11 other Family Practitioners and live in the Brainerd Lakes area? Immediate opening available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital – St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401



Brainerd Medical Center, P.A.

Need a physician to work part time or full time in a well-established physician's office. Nice practice. Nice income. For details, please call (708) 595-1483 or (312) 548-0028.

North Shore suburbs/internal medicine: North-western-trained BC internist with busy North Shore private practice is seeking a full- or part-time associate. Independent or employee position is possible. Please send replies to Box 2281, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practice available: Well-managed, very lucrative and comfortable, hassle-free practice available 80 miles southwest of Chicago. Call (312) 761-8306 for details. It is an exceptional opportunity.

Practice family medicine in Waukesha County, southeast Wisconsin. A wealth of opportunity exists for BC/BE physicians in solo, group practice and employment settings. Ob optional. Choose suburban, semirural or lake country living. Easy access to Milwaukee, Madison and Chicago. Shared call and first-class hospitals, plus competitive income and benefit and incentive packages. Contact Susan Brewster, Medical Staff Office, Waukesha Memorial Hospital, 725 American Ave., Waukesha, WI 53188; (800) 326-2011, ext. 4700.

Danville/Champaign-Urbana area: BE/BC FP or IM sought for three-physician practice. One-in-three coverage, high income potential. Send CV to Debbie Alhadeff, E.J. Michaels Ltd., 1865 Palmer Ave., Suite 101, Larchmont, NY 10538. Phone (914) 833-1700, (800) 333-2999 (outside New York metro area); fax (914) 833-1711.

No assembly lines here: FPs, IMs and Ob/ Gyns at clinics owned by and affiliated with North Memorial don't hand patients off to the next available specialist. Guide your patients through their entire care process at one of our 25 practices in urban or semirural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Midwest: Physician-managed group offers excellent full-/part-time emergency medicine/ambulatory care opportunities in Illinois, Indiana, Iowa, Missouri, Wisconsin and surrounding states. Clinical and administrative positions in supportive environments. To learn more about our practice, please contact NES/Midwest, Diane Temple, Director of Physician Recruitment, at (800) 654-6374; fax (708) 654-1203; 440 East Ogden, Hinsdale, IL 60521.

Wisconsin: Monroe, ranked 23rd in 100 best small towns in America. Strong economy; year-round outdoor activities; excellent schools; one hour from Madison, Dubuque and Rockford; two hours from Milwaukee and Chicago. Fifty-plus-physician multispecialty practice in new 114,000-square-foot clinic. We have openings for BC/BE physicians in family practice, internal medicine, orthopedic surgery, dermatology and emergency medicine. Call, fax or write Physician Staffing, The Monroe Clinic, 515 22nd Ave., Monroe, WI 53566; (800) 373-2564; fax (608) 328-8269. EOE.

Situations Wanted

Board-certified, experienced radiologist seeks hospital or clinic position. Experienced in interventional radiology, MR and all types of imaging modalities. Please send replies to Box 2284, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified osteopathic family physician seeks full-time position (MD or DO) affiliated with teaching hospital in Chicagoland area. Extensive managed care experience. Available summer 1996. Please send replies to Box 2286, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified IM physician seeks part-time or full-time position in Chicago or northwest suburbs. Extensive experience. Please send replies to Box 2287, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified IM physician seeks part-time, three to four months of primary care work or locum tenens position (summer months only). Page me, (312) 997-1623, anytime.

Experienced, board-eligible diagnostic radiologist available for part-time or full-time position in Chicagoland area. Proficient in all imaging modalities. Call (708) 328-2759.

For Sale, Lease or Rent

Three new exam tables for sale. Will take best offer. Please contact Stephen if interested, (800) 259-6269.

Commercial offices: Lovely professional two-story building with frontage on Route 68 just north of Route 72 in established East Dundee. There are seven office suites that are fully rented with long-term leases. Good rate-of-return investment. 7,200 square feet of quality space. Newer roof, completely blacktopped for 50 cars. Backup package available. \$625,000. Call Judi Fabisaner at (708) 428-LADY.

Gorgeous condo office suite: This condo is on the main floor and is in like-new condition. It has a reception room, front office, private office, three exam rooms and lab. Currently leased to a dentist. Are you tired of outdated office space? It's time to move, with all conveniences. Busy street, in-town location. \$150,000. Call Judi Fabisaner at (708) 428-LADY.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Oak Brook Terrace medical office to share/lease. Fully furnished, X-ray diagnostic lab, treadmill, Holter, etc. Free-standing building, high visibility, parking (Summit Avenue). Call (708) 629-6700.

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Will be available for rent. Location! Location! Location! Surgical and medical specialists center, 8425 South Cottage Grove in Chatham. Brand-new medical office building – 900-square-foot office with five rooms, including a treatment room, storeroom, private washroom, receptionist's room (also a general lobby, public washroom and drinking fountain). Suitable for any specialty. Call (312) 723-3300.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, auto-claves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Chicago, near Edgewater Hospital: 3,100-square-foot medical building. Four suites, X-ray rooms, separate HVAC. Steal for \$139,500. Call Mr. Goldberg, Hallmark & Johnson, (312) 465-8000, ext. 29.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$1,800-\$2,200/week through 11/30; \$2,500-\$3,300, winter season. (800) 260-1120.

Miscellaneous

20th Annual Winter Pediatric Seminar, Thursday and Friday, Feb. 8-9, 1996, at Indianhead Mountain Resort, Wakefield, MI. Contact Marshfield Clinic, Office of Medical Education, 1000 North Oak Ave., Marshfield, WI 54449; (800) 541-2895.

Practical Strategies in the Evaluation and Management of the Geriatric Patient, Thursday and Friday, Feb. 29-March 1, 1996, at Indianhead Mountain Resort, Wakefield, MI. Contact Marshfield Clinic, Office of Medical Education, 1000 North Oak Ave., Marshfield, WI 54449; (800) 541-2895.

IM board review course: Excellent passing record; San Diego, 2/17 to 2/21/96; St. Louis, 4/10 to 4/14/96; Newark, N.J., 6/26 to 6/30/96; Columbus, Ohio, 7/31 to 8/4/96. For fast information, call voice mail, (800) 97-IMBRC, or write to IMBRC, 5892 Whitestone Drive, Columbus, OH 43228.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Free laboratory tests (CBC and chemistry) for your patients who cannot afford to pay for this service. Free blood drawn in our facility. Ask for supplies and shipping containers if you want to send by mail. Twenty-four-hour turnaround. UNILAB Inc., Oak Park, Ill., (708) 848-1556.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service, (708) 478-0424.

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing information to AAPN, 11420 S.W. 109 Road, Miami, FL 33176; or call (305) 598-7505.

Physician Financial Services will tackle all your medical billing needs. Are you collecting what you did two to three years ago? We specialize in software with built-in edits, meaning less errors, thereby more money. Updated CPT and ICD-9 codes. Take care of more patients. We'll handle the paperwork. Free computer demonstration and information. Call (312) 391-9183 or write to MBC of Chicago/Lincoln Park, 2424 N. Clark, Suite 620, Chicago, IL 60614.

Exam chair/table reupholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

"Oops, I forgot." How many times have you heard this? Have you considered how much revenue you are losing from missed appointments? New computerized appointment verification system calls and verifies appointments for you. Call (217) 824-4374 for information. We use the Watson Voice/Telephone Card.

Electronic medical billing services: Full-service medical billing and consulting providing comprehensive, confidential help to increase and maximize your cash flow while reducing administrative headaches. Contact Mid-America Medical, 3000 Dundee, Suite 411, Northbrook, IL 60062; (708) 272-7272.

TIME FOR A MOVE? IM, FP, OB/GYN, PEDS

Chicago Chicago Chicago



"They took the time to find out exactly what I wanted in a practice, from location to call coverage to hospital size and found it..."

Kellie S. Johnson, M.D.
Cleveland, OH

Loan Forgiveness
Smaller towns
Higher incomes
Signing bonuses
1000's of locations

FP Urgent Care
No call/ inpatient
Set hours
Most communities
100's of jobs

Metro Cities
Established groups
Larger call groups
Great facilities
300 cities

Hem/Onc Ohio
Cardiology Texas
Surgery Virginia
Occ Med Ohio
Pulm Kentucky

CURRENT OPENINGS: CALL FOR DETAILS!

We track every community in the country...

Chicago	Columbus	Nashville
Evansville	Denver	New Orleans
Kankakee	Des Moines	Norfolk
Moline	Detroit	Norwich
Peoria	El Paso	Omaha
Quincy	Hartford	Philadelphia
Rockford	Houston	Peoria
St. Louis	Indianapolis	Phoenix
Springfield	Jacksonville	Richmond
Akron	Kansas City	Rockford
Appleton	Lansing	Springfield
Atlanta	Lincoln	South Bend
Birmingham	Little Rock	Syracuse
Boston	Louisville	Tampa
Bridgeport	Lexington	Terre Haute
Cincinnati	Milwaukee	Topeka
Cleveland	Minneapolis	Wilmington

OVER 2000 RURAL LOCATIONS



**The
Curare
Group, Inc.**

NEW OPENINGS DAILY!
(800) 880-2028
Or Fax CV to:
(812) 331-0659
M-F 8:00am-8:00pm
Sat 1-5pm EST

ISMS president

(Continued from page 1)

H.B. 2557, sponsored by Rep. Kay Wojcik (R-Schaumburg), calls for an optional plan that would enhance the maternity benefits provided by all health insurance policies. The other bills mandate insurance coverage for a specific length of time during post-partum hospital stays for mothers and babies.

"This issue is extremely important. The trend of shortening hospital stays for mothers and newborns is jokingly referred to as drive-through deliveries, but this is not a laughing matter," said Rep. Carolyn Krause (R-Mt. Prospect), chairman of the committee. "This hearing will help us determine how the citizens of Illinois want the General Assembly to act on this very disturbing issue." Along with Rep. David Phelps (D-Harrisburg), minority spokesperson, she may create a subcommittee in January when the legislature convenes to tackle the problem, she said.

"When you pass a law stopping drive-through delivery, you will give many of our patients worthwhile relief from pain," Dr. Hoffmann said. "But you will be treating a symptom, not the underlying disease. The disease is corporate, cost-driven interference in the doctor-patient relationship without regard to individual patient needs." However, he urged legislators not to limit themselves to consideration of only the existing proposals.

"The General Assembly indeed has a

duty to protect the health and safety of the people of Illinois," Dr. Hoffmann said. "But doctors do not believe that in the long run, that duty would be fulfilled by replacing insurance company length-of-stay standards with specific, more generous, legislated ones. We ask you to consider comprehensive treatment that will prevent the 'disease' from flaring up again."

Dr. Hoffmann offered legislators a set of ground rules as the best way for them to help protect patients from the practices of "profit-conscious health insurers" and to prevent the physician-patient relationship from eroding through the dominance of third-party payers. Such ground rules would require patients to be provided with clear, understandable information about what their plans do and do not cover; would end retaliation, such as plan deselection of physicians who seek appropriate care for their patients; would guarantee an appeals process through which patients could challenge denials of care; and would create standards for utilization review programs.

"We see an insurance market that is so fiercely competitive that even when managed care managers want to do right by their patients, they can be forced to take cost-consciousness too far," Dr. Hoffmann said. "Perhaps there is a danger — when health care is largely financed by publicly traded corporations — that decision-makers, compensated by stock options, could perceive a greater responsibility to shareholders than to patients."

A recent study conducted by the Dartmouth-Hitchcock Medical Center found that if an infant was discharged from the hospital at less than two days of age, there was a 50-percent increased risk of readmission and a 70-percent increased risk of emergency room visits during the infant's first two weeks of life, Dr. Hoffmann noted. Other studies revealed that early release of infants resulted in untreated jaundice, feeding problems, respiratory difficulties and infections of the eyes and ears, he added.

"What I'm clearly seeing is babies who are dehydrated and jaundiced and women who are feeling exhausted and stressed," said Mary Dobbins, MD, a Springfield pediatrician who testified at the hearing. "We must ensure that the mother and the baby are physically safe and that when the mother goes home, [she] is prepared to care for the baby." Mothers return home without knowing how to breast-feed their babies properly and without understanding the potential problems that can surface after the first 24 hours, she said. "There's quite a lack of preparedness for taking care of babies in the home."

Dr. Dobbins' first experience with early discharge was 10 years ago, when a small subset of mothers typically had other children and a good support system at home, she said. "[These women] really should have gone home." But now in the managed care marketplace, a snowball effect is occurring. "It is an accepted practice that all mothers should do this, and that is what's not working

out."

"Managed care employees should not be permitted to interfere in the clinical decision-making of physicians, least of all decisions regarding new mothers and babies," Dr. Hoffmann said. "Unfortunately, the maternity ward is not the only setting where managed care companies are effectively overruling the medical judgments of physicians." ■

Physician HELPLine



ISMS' 24-hour Physician HELPLine is available to link impaired physicians and their families with helpful resources.

Contact the HELPLine at (312) 580-2499.

HAS TORT REFORM REDUCED YOUR MALPRACTICE INSURANCE COSTS



**IF NOT, CALL (800) 962-1224
FOR COST-EFFECTIVE
MALPRACTICE INSURANCE.**

Call us, at no obligation, about cost-effective and top-rated malpractice insurance that is available for:

- **Physicians:** regardless of your practice situation.
- **Group practices:** existing and in formation. Traditional and emerging practice settings.
- Any type of **Healthcare Facility** or **Healthcare Delivery System**.

Call (800) 962-1224 for more information, at no obligation, on how you can take advantage of top-rated and cost-effective malpractice insurance alternatives.

**Cunningham
Group**

**1100 Lake Street
Suite 230**

Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

PHYSICIAN ACCESS LINE

Northwestern Memorial Hospital is nationally recognized for its outstanding patient care and as a leader in medical research and education.

Access. Information. Assistance.

Our toll-free physician telephone line is dedicated to the needs of referring physicians. Call us at **1-800-MD8-3737 (1-800-638-3737) toll-free** Monday-Friday 8am-5pm for any of the following.

- Physician consults
- Referrals
- Appointments
- Patient information
- Clinical research trials
- Continuing medical education
- Printed materials about available clinical services



**Northwestern
Memorial
Hospital**

Exceptional Care in the Heart of Chicago®
250 E. Superior St. Chicago, IL 60611-2950

©1995 Northwestern Memorial Hospital
A member of the Northwestern Healthcare Network

Hospital appeals

(Continued from page 1)

their ultimate obligation to be responsible for the hospital. It's just that once bylaws have been established to govern those relationships, hospitals must honor them. The hospital medical staff has a role, and the hospital must respect that role."

The AMA, which has been active in a number of cases involving medical staff bylaws nationwide, joined the State Medical Society of Wisconsin in filing an amicus brief in the Austin case, Ile noted. "The AMA has a very clear policy that hospitals ought to be bound by the structure of the medical staff bylaws. They are the rules for what the medical staff's responsibilities are and how it relates with the hospital." The bylaws, he added, also establish procedures for credentialing and for adding and removing doctors from the medical staff. "If hospitals could unilaterally disregard them, there would be chaos and no reliable, predictable structure in place," Ile said.

But Sue Ripsch, Mercy vice president, said the decision "affects every private hospital in the state and, if allowed to stand, will significantly reduce the ability of a hospital board to effectively manage the hospital."

The Austin case centered on the adoption of new policies for care in the hospital's intensive care unit, Schott explained. "Before the spring of '94, any physician with the privilege to admit patients to a general ward could admit a patient to the ICU and care for that patient. In the spring of '94, the hospital's board adopted a new policy that is based on the case manager model developed by the Society of Critical Care Medicine and that says when patients are admitted to the ICU, the physicians responsible for their overall care should be specialists with training and expertise in critical care medicine. When the hospital announced the policy, some doctors protested and asked the court to restrain implementation of the new policy. They said it violated [provisions of] the [medical staff] bylaws."

The doctors objected because the board had excluded medical staff members from the decision-making and implementation process, and because the hospital would not grant them a formal hearing. They also claimed that losing ICU privileges damaged their physician-patient relationships. The medical staff bylaws required medical staff involvement in setting policy, Ile said.

Mercy requested summary judgment, arguing that "there is nothing in the bylaws that prohibits the board from enacting general policy. It's not like we were saying to Dr. Smith, 'You can no longer practice in this hospital,'" Schott said. "In fact, we've always acknowledged that when the board takes specific action against a specific physician, the fair hearing plan requires that that physician be given a fair hearing."

The trial court judge agreed and dismissed the doctors' complaint. The appellate court, however, reversed that decision, and ruled that the hospital and its board must follow the bylaws, Ile said.

Schott said "it is hard to tell" when the state Supreme Court will make a decision on Mercy's petition for review but estimated it will be within the next four months. ■

Eight Illinois hospitals rank nationally in specialty care

[WASHINGTON] Eight Chicago-area hospitals ranked nationally in 15 specialty areas in an annual survey of major U.S. medical centers by U.S. News and World Report. The survey aimed "to identify the best hospitals for diagnosing and treating serious or esoteric illness," said Elisa Arden, a spokesperson for the publication. "Physicians were asked to name the hospitals they consider to be the five best in their specialty, irrespective of cost or location."

The Chicago-area hospitals recognized

were Northwestern Memorial Hospital, Rush-Presbyterian-St. Luke's Medical Center, Cook County Hospital, the University of Chicago Hospitals, the University of Illinois Hospital and Clinics, Foster G. McGaw of Loyola University Medical Center, Children's Memorial Hospital and the Rehabilitation Institute of Chicago.

The hospitals ranked had to be members of the Council of Teaching Hospitals, be affiliated with a medical school or score a 10 or higher for availability of state-of-the-art medical equipment,

Arden said.

In addition, hospitals had to meet certain specialty standards. To be ranked in cardiology, a facility must have treated at least 824 cardiac patients during the previous year and must have a cardiac catheterization lab. Physicians must have performed open-heart surgery, offered cardiac rehabilitation and performed angioplasty.

The survey was conducted by a research group based at the University of Chicago. Researchers mailed confidential questionnaires to a geographical cross-section of 150 board-certified physicians in each of 16 specialties. ■

PBT Offers The Lowest Rates Available For \$1,000,000 Term Life

Rates Guaranteed 10-15-20 Years

**Compare PBT New & Lower
Term Life Rates
\$1,000,000 Face Amount***

**PHYSICIANS' BENEFITS TRUST
(Sponsored By CMS & ISMS)**

Enrollment Age	10-Year Level Premium		15-Year Level Premium	
	Male	Female	Male	Female
35	\$ 700	\$ 590	\$ 790	\$ 670
45	\$1,445	\$1,145	\$1,705	\$1,315
50	\$2,235	\$1,585	\$2,665	\$1,845
55	\$3,335	\$2,315	\$4,205	\$2,735
65	\$9,265	\$5,575	\$11,085	\$6,715

* Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$1,000,000 face amount. Twenty-Year Rates also available.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A Excellent" rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

Individual & Group Health Care • Long Term Disability • Other Benefit Programs

Physician-legislator

(Continued from page 1)

higher cost when you have to readmit them."

Illinoisans need patient choice, said ISMS President-elect Sandra Olson, MD, a Chicago neurologist. "We, as physicians, think that health care is something special. We want to try to constantly put what is best for the patient in the forefront. The problem with managed care is that financial issues can become more important than the patient."

Physicians attending the dinner program were Janis Orlowski, MD, an ISMS Third District trustee and a Chicago nephrologist; Clair Callan, MD, an anesthesiologist and divisional vice president for medical, regulatory affairs and advanced research in the hospital products division at Abbott Laboratories in Abbott; Linda Brubaker, MD, a Chicago Ob/Gyn; and Dr. Savage.

Lawmakers attending included Sen. Kathleen Parker (R-Northfield) and Reps. Gash, Nancy Kaszak (D-Chicago), Maureen Murphy (R-Oak Lawn), Eileen Lyons (R-LaGrange), Judy Erwin (D-Chicago), Suzanne Deuchler (R-Aurora), Judy Biggert (R-Westmont), Verna Clayton (R-Buffalo Grove), Connie Howard (D-Chicago) and Patricia Reid Lindner (R-Sugar Grove).

In October, a baby became severely jaundiced after being discharged early, and the parents were unable to recognize the problem, Dr. Savage said. "This was

due strictly to early discharge. If we had had another day, we would have been able to detect the jaundice and treat it appropriately. Instead, we had to do an emergency transfusion."

People should not take at face value all the numbers being used by insurers, such as the number of uncomplicated vaginal deliveries, Dr. Brubaker said. Instead, legislators and physicians should look at the facts behind them. For example, a low number of cesarean sections may indicate reduced availability of the procedure, which is the case in countries like Nigeria, rather than a reduced need for medical care, she said. "Here in the United States, we could lower the cesarean-section rate. That's not a problem. We could have mothers who leave the hospital or don't even stop by the hospital to deliver. We could reduce our health care costs so they are extremely low. We just have to decide at what cost to society.

I cannot stress enough the importance of letting science make those decisions. The pendulum cannot swing so far that we lose our children and we destroy our mothers.

"It's amazing to me that decisions are made based on a budget sheet," Dr. Brubaker continued. "As a physician, I cannot stress enough the importance of letting science make those decisions. The pendulum cannot swing so far that we lose our children and we destroy our mothers."

"What you have to realize is that we have someone else who is not a physician licensed by the state of Illinois making decisions about what is appropriate medical care," Dr. Orlowski said. As a result, patients are "being held hostage. What happens is you spend time fighting the insurance companies for what we believe are our medical decisions."

Currently, several bills are under consideration in the General Assembly. S.B. 1222, sponsored by Sen. James DeLeo (D-Chicago), and H.B. 2514, sponsored by Gash and Rep. Rod Blagojevich (D-Chicago), would require insurance com-

panies to provide coverage for mothers and babies for a minimum of 48 hours of in-patient care for vaginal deliveries and a minimum of 96 hours of inpatient care for cesarean sections. The measures would allow insurance companies to waive coverage for the 48-hour or 96-hour hospital stay only if the mother's insurance policy provided for postdelivery home care. But even if such care was covered, if the physician determined inpatient hospital care was medically necessary, the requisite hospital stay would take precedence. Home care would need to cover a specific number of visits by a registered professional nurse with a specific kind and amount of experience. S.B. 1221, sponsored by Sen. Arthur Berman (D-Chicago), is similar to the other two bills but does not address Medicaid recipients. Rep. Kay Wojcik (R-Schaumburg) also recently introduced a bill that addresses the issue, H.B. 2557.

If one of the bills dealing with postpartum care passes the General Assembly and is signed into law, Illinois would join three states — New Jersey, Maryland and North Carolina — that have already enacted such legislation, according to Kathryn Johnson, AMA senior legislative attorney. In Massachusetts, the General Assembly passed similar legislation, but Gov. William Weld has not yet signed the bill. Bills have also been introduced in New Hampshire, New York, Pennsylvania, Rhode Island, Connecticut, Washington, Ohio and California, as well as on the federal level, she added. ■



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF





A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

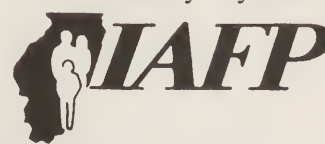
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“Being a doctor used to only be about helping **patients**. Now it’s about national, state and courtroom issues too. I depend on ISMIE to be my voice. They know the **legal** system as well as they know medicine.”



Insurers come. And unfortunately, insurers go. But since 1976, one company has remained dedicated to serving the physicians of Illinois. The Illinois State Medical Inter-Insurance Exchange. Naturally, we work with attorneys who specialize in Illinois medical malpractice law. But we also work with the Illinois State Medical Society to pursue tort reform, like caps on non-economic damages. And other issues that will improve the liability climate for doctors statewide. So trust your coverage to the most venerable, physician-owned insurer in Illinois.

Over 10,000 of your colleagues do. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer

W1 IL417L
NO. 25 1995
SEQ: SR0063601
12/18/95
ILLINOIS MEDICINE



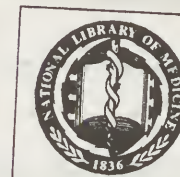
Intervention begins
with a basic
question

PAGE 8

Illinois Medicine

ILLINOIS STATE MEDICAL SOCIETY • DECEMBER 15 1

Happy holidays!
Watch for your
next issue of
Illinois Medicine
Jan. 19.



PROPERTY OF THE
NATIONAL
LIBRARY OF
MEDICINE

Specialists develop managed care network

SYSTEMS: Orthopedists form Chicago-based physician organization. BY KATHLEEN FUREORE

[CHICAGO] To exert control in an increasingly managed care marketplace, more and more Illinois physicians are forming networks they own and manage, according to health care consultant James Unland, president of the Health Capital Group in Chicago.

Chicago-based Midwest Orthopaedic Network, which was officially launched June 1, is just one of a growing number of physician-driven organizations that are contracting with third-party payers, charging fixed annual fees for packages of services and paying salaries to member physicians based on productivity, efficiency and patient satisfaction, Unland said.

"These groups absolutely are managed care networks," said Unland, who helped form the orthopedic network and similar networks nationwide. "Physicians are forming them because they embrace managed care and want to control the contracting process as much as possible."

These new physician-owned and -controlled entities are generally structured as either physician organizations or fully integrated group practices. Physicians in POs maintain ownership of their respective practices but function as large regional

MANAGED CARE

groups for contracting purposes. Those in fully integrated groups actually merge their practices into one corporate entity.

Midwest Orthopaedic Network is a PO composed of almost 100 doctors in 10 group practices that treat patients in northwest Indiana, Chicago and the west and northwest suburbs. "What the doctors did was form a unified physician organization - it's really a contracting confederation," Unland said. They didn't have to merge their assets, but they still gained advantages they didn't have before, he added.

Those benefits are many, according to Midwest Orthopaedic Executive Director Jeff Lietz. "The physicians are able to look at efficiencies from a business and patient care perspective," Lietz explained. "It also presents new business opportunities. Doctors are able to draw new patients because of the network's size and the reputation of the network's doctors." Midwest Orthopaedic, for example, is contracting with insurers, employers and other physician groups like large inde-

(Continued on page 13)

ISMS workshop to focus on physician-driven entities

In January and February, ISMS members will have the opportunity to attend a Society workshop that provides an in-depth look at successful physician-driven managed care organizations. The three-and-a-half-hour program is free and will be conducted at various locations across the state, including the Chicago Medical Society's Midwest Clinical Conference in Chicago. The workshop will inform members about ISMS' proposed Physician Services Organization, state and national market trends and managed care under capitation.

The workshop will be held in Peoria on Jan. 17 at the Holiday Inn City Center, 500 Hamilton Blvd.; in Springfield on Jan. 18 at the Renaissance Springfield Hotel, 701 E. Adams; in Champaign on Jan. 24 at Jumer's

Chateau, 1601 Jumer Drive; in Rockford on Feb. 7 at the Clock Tower Inn, 7801 E. State St.; in Carbondale on Feb. 8 at the Holiday Inn-SIU, 800 E. Main St.; and in Collinsville on Feb. 15 at the Holiday Inn Collinsville, 1000 Eastport Plaza Drive. Each workshop will run from 5 to 9 p.m., and dinner will be provided.

Please watch your mail for more information or call the ISMS division of governmental affairs at (800) 782-ISMS.

A special session of the workshop will be conducted at CMS' Midwest Clinical Conference on Jan. 20 at the Sheraton Chicago Hotel & Towers, 301 E. North Water St. Separate registration is required. ■

Judge rules discovery provision in state tort reform law unconstitutional

CHALLENGE: Defense attorney says trial court ruling will not set precedent elsewhere. BY KATHLEEN FUREORE

[SPRINGFIELD] A Champaign County circuit court judge ruled in November that Illinois' tort reform provision that requires plaintiffs to consent to disclosure of their medical records is invalid. In James Andrew Hettinger vs. David Krah, MD, et al, Judge George

S. Miller held the provision in H.B. 20 violates the separation-of-powers clause in the Illinois Constitution of 1970, said James Kearns, Dr. Krah's attorney.

The section of H.B. 20 voided deals with the Petrillo doctrine and states that plaintiff attorneys must provide written

consent authorizing the release of their clients' medical records within 28 days of the request. If they do not, defendants can seek a court order to obtain the records or have the cases dismissed. The provision also says defense attorneys may speak

(Continued on page 14)

INSIDE

New law
governs death
certificates



PAGE 3

DEPARTMENTS

News Briefs2
Commentary4
ISMIE Update7
Classifieds11

STATE REP.

Kay Wojcik (R-Schaumburg) receives the first-ever Legislative Service Award Nov. 17 from the Illinois Chapter of the American Academy of Pediatrics. Terry F. Hatch, MD, the chapter's president, presents the award during the Second Annual Adolescent Health Care Conference in Chicago.



Andrew Corrigan-Halpern

GAO study shows concern about maintaining quality of care

REPORT: Employers and consumers say they want more information about health care. BY KATHLEEN FUREORE

[WASHINGTON] Employers and consumers want to know more about the quality of the health care they buy and receive, said a recent study by the General Accounting Office. "[They] are no longer concerned only about the escalating cost of health care," the GAO report said. "They are increasingly concerned that efforts to reduce health care costs may now also be reducing quality."

Those concerns are that "some cost-control efforts might unduly encourage providers to withhold care," the study said. "Other cost-

(Continued on page 14)

***** 3-DIGIT 208
NATIONAL LIB OF MEDICINE 00537 **
6210143
TSD-SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

Andrew Corrigan-Halpern



AT THE SEPT. 23 Career Opportunities Day for Internal Medicine, Mitchell Rhodes, MD, associate medical director for Humana Healthcare Plans (right), shows Humana's exhibit to residents. The event was held in Chicago, and sponsors included the Illinois Society of Internal Medicine and ISMS' Resident Physicians Section.

IDNS issues guide for diagnosis, care of radiation victims

[SPRINGFIELD] The Illinois Department of Nuclear Safety is offering hospitals and emergency physicians a new guide that details diagnostic approaches and recommended protocol for evaluating and treating patients suspected of having been exposed to radioactive materials. The publication was developed in response to the increased use of radioactive materials, according to an IDNS news release.

In Illinois, there are 13 operating commercial nuclear reactors, more than a dozen facilities that manufacture or process radioactive materials and thousands of radiation-producing machines that are used in medical and industrial applications. Radioactive waste is also transported periodically along major Illinois highways, the IDNS said.

"While all these activities are tightly regulated and closely monitored, the potential still exists that an individual might be exposed or contaminated as a

result of an accident involving radioactive materials," said IDNS Director Thomas Ortiger. "In keeping with this department's responsibility for protecting the public against unnecessary exposure, this guide was designed as a way to help physicians and hospital emergency staff better understand how to deal effectively with a contamination or exposure situation."

The guide – developed with input from medical experts – describes how to handle, evaluate and treat patients in ways that will prevent the spread of radioactive contamination. IDNS is available to help hospitals develop emergency procedures for radiation accidents, Ortiger said.

To order the free guide, physicians and hospitals may call the Emergency Planning Section, Illinois Department of Nuclear Safety, at (217) 524-0888, or write the department at 1035 Outer Park Drive, Springfield, IL 62704. ■

Agency releases cardiac rehabilitation guidelines

[WASHINGTON] The federal Agency for Health Care Policy and Research released new clinical practice guidelines in October recommending that physicians prescribe comprehensive, medically supervised cardiac rehabilitation services for heart disease patients. Such services are widely underused despite the proven medical and psychological benefits, an AHCPR news release said.

"Cardiac rehabilitation should be part of the discharge plans for all heart disease patients," said Nanette Wenger, MD, co-chairman of the panel that developed the guidelines and professor of medicine at the Emory University

School of Medicine in Atlanta. Many physicians know about cardiac rehab but do not refer their patients, she said.

"Less than a third of heart patients participate in cardiac rehabilitation programs even though potentially all of them could benefit from the services," echoed Douglas Kamerow, MD, director of clinical practice guideline development at AHCPR.

To help patients reach and maintain optimal health, the guidelines recommend that physicians refer patients to cardiac rehab programs that include exercise training as well as education, counseling and behavioral intervention. Those activities are less effective when practiced alone than as part of a total program, Dr. Wenger said.

Cardiac rehab services can reduce the risk of death from heart disease and help patients resume normal lives. An estimated 13.5 million Americans have coronary heart disease. Each year, almost 1 million of them survive heart attacks, more than 600,000 undergo coronary artery bypass surgery or balloon angioplasty, and about 2,000 have heart transplants. The 13.5 million figure includes some 7 million people with angina and 4.7 million with stable heart failure, AHCPR said. ■

HCFA delays Stark I attestation requirement for group practices

UPDATE: Group practices are not required to submit statements to Medicare carriers by Dec. 12. BY KATHLEEN FURORE

[CHICAGO] Physicians facing a Dec. 12 deadline now have at least 60 more days to meet a reporting mandate for group practices that intend to qualify for exemptions to the self-referral prohibitions in Stark I legislation, according to a health insurance specialist in the Chicago office of the U.S. Health Care Financing Administration. The group attestation mandate, which was included in the final rule implementing Stark I legislation, requires a group practice to send its Medicare carrier a written statement asserting that it met the group practice criteria. The final rule was published in the Aug. 14 Federal Register.

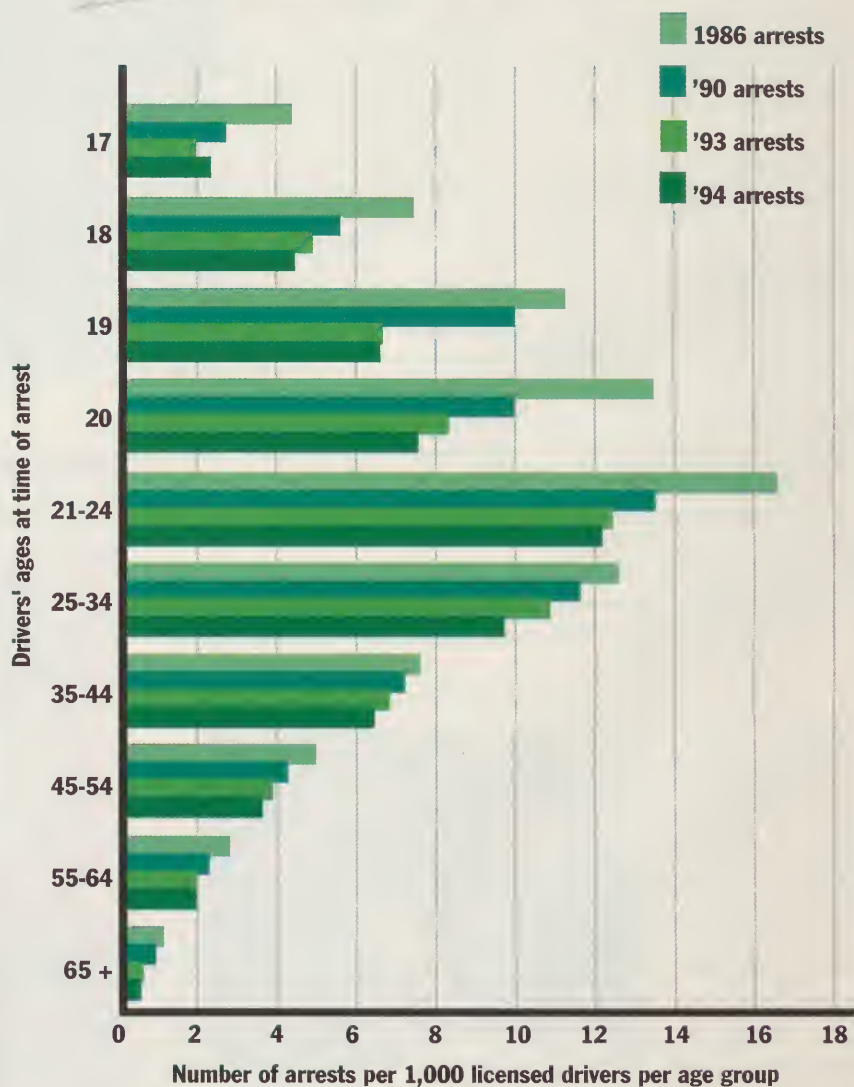
A technical amendment to the final rule is expected to be published in the Federal Register before Dec. 12, the HCFA specialist said. Group practices will receive exemption forms from their Medicare carriers. Each group practice will then have 60 days from receipt of the form to complete and return it to the Medicare carrier, he explained. The carrier will be responsible for entering the

information from the form into a database. As Illinois Medicine went to press, the exemption forms were awaiting approval by the Office of Management and Budget.

Stark I, sponsored by U.S. Rep. Pete Stark, prohibits physicians from referring Medicare patients for laboratory tests to facilities in which those physicians have a financial stake. But it exempts groups that qualify for group practice exceptions by attesting that they met the criteria for a specific 12-month period chosen by the group. To qualify as a group, at least 75 percent of an entity's total patient care services must be furnished through the group and billed under an assigned number. In addition, the payments received must be treated as receipts of the group, according to the final rule.

A recent issue of Update, the newspaper for the Medical Group Management Association, said HCFA is re-examining the 75-percent test and other exemption requirements for group practices. ■

1986-94 Illinois DUI arrest rate



Source: Office of the secretary of state, DUI 1994 Fact Book

Illinois Medicine (ISSN 1044-6400) Volume 7, Number 25, is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-15MS. © Copyright 1995 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices. Printed in the U.S.A.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico, \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.30 by mail), back issues \$1.50.

New law governs death certificates

COOK COUNTY: Seminar explores responsibilities of funeral directors, physicians. BY MINDY S. KOLOF

[CHICAGO] Consider this case: Mary Jones dies at home on the Friday evening before a three-day holiday weekend. Her relatives think she was a patient of Dr. Smith. The funeral director contacts Dr. Smith's medical group and speaks with the physician on call, who reviews Dr. Smith's records and says a patient named Mary Jones had a history of heart disease. He says Dr. Smith will probably sign the death certificate when he returns to work Tuesday. The funeral director issues a burial permit and proceeds with the funeral on Tuesday. Dr. Smith does not return until Friday, when he is contacted for the death certificate for Mary Jones. Dr. Smith says he has a patient named Mary Jones, with a history of heart disease. In fact, she was just in his office that morning.

Far-fetched? Not really, said Edmund Donoghue Jr., MD, Cook County chief medical examiner and ISMS Third District trustee, at an Oct. 10 seminar sponsored by the Illinois Funeral Directors Association and held in Chicago. "Many funeral directors are now contacting medical groups that are not familiar with each patient," Dr. Donoghue said.

He added that such circumstances create potential problems: Do you delay the funeral until the death certificate is signed, thereby inconveniencing the family of the deceased? Or do you accept a commitment from another physician who might not know the patient?

The hypothetical case was used to explain some of the implications of H.B. 2330, which allows funeral directors in Cook County to begin issuing burial permits. The measure, which passed during the spring session and was signed by Gov. Jim Edgar, goes into effect Jan. 1, 1996. The new law will authorize funeral directors to issue written reports to the registrar of the district in which deaths occurred within 24 hours of taking custody of the bodies or fetuses. The reports will be filed on forms furnished by the state registrar and will serve as permits to transport, bury or entomb bodies or fetuses within the state. However, the funeral director must certify that the physician in charge of the patient's care for the illness or condition that resulted in death must have been contacted and agreed to sign the medical death certificate or the fetal death certificate.

Exceptions to the law include a body or fetus that has been removed from the state of Illinois, cremated or disposed of when the death is subject to investigation by the medical examiner.

The new law is expected to eliminate paperwork and save time, but it also prompts some precautions, Dr. Donoghue said. If a funeral director buries a body without receiving a physician's firm commitment to sign the death certificate, the funeral director will be required to pay the costs of disinterment and reinterment. If a commitment is received from the physician, but, for some reason, he or she fails to sign the certificate, the cost of disinterment could fall on the medical examiner's office.

It is more crucial than ever that physicians sign death certificates in a timely manner, said Robert Ninker, executive director of the Illinois Funeral Directors

Association. "While physicians have always had the responsibility to sign within 48 hours of the death, it now has a greater meaning. The physician must weigh the circumstances before committing to sign the death certificate, because a miscue could end up being a financial burden to the family of the deceased or have an impact on the medical examiner's budget.

"Only commit to signing when you are absolutely sure you will," Ninker advised physicians. "When in doubt, the physician does a valuable service to the family, funeral director and medical examiner by saying, 'I can't make that commitment to sign right now, but contact me tomorrow and I'll respond.' That will prevent miscommunications, making the new law a success."

Self-issuing burial permits have already worked well in all other Illinois counties and many other states for the last 15 years. They eliminate some paperwork and save the time spent each year trying to get the permit signed, according

to Steve Perry, deputy state registrar. His vision is to streamline and automate the process even further, he said. "There may be a day when a funeral director keys information on the deceased into a PC, transports it via modem to the physician, who fills in the cause of death and then transmits it electronically to the state registrar." Birth records are already handled in this way, he added.

"There's no reason [the new procedure] cannot work if we maintain strong cooperation [with] the medical profession," said Charles Collins Jr., president of the Cook County Association of Funeral Service Owners. ■



**BlueCross BlueShield
of Illinois**

A Member of the Blue Cross and
Blue Shield Association,
An Association of Independent
Blue Cross and Blue Shield Plans

REPORT *for Illinois Physicians*

ILLINOIS MEDICARE PART B OPTIMUM LENGTH OF STAY FOR ACUTE MYOCARDIAL INFARCTION

It is estimated that 700,000 patients are hospitalized annually with acute myocardial infarction in the USA. In addition, an estimated 400,000 to 500,000 patients die before seeking medical attention, and about 200,000 or more may survive outpatient infarctions, either without seeking medical care for their symptoms or without developing any symptoms at all.¹

The duration of hospital care for patients with acute myocardial infarction has been decreasing steadily, without adverse outcomes, from six weeks in the 1950's to 10 days in the 1980's. In recent years, there have been suggestions that an even shorter hospital stay may be feasible for some patients. A randomized trial of early discharge by Topol et. al., showed the feasibility of discharge on the third (3rd) day after infarction in selected patients.²

Two recent studies, Parson et. al.,³ and Sanz et. al.,⁴ have shown that early hospital discharge is possible in patients with acute myocardial infarction who are at low risk of death. The most important aspect of an early discharge program is the assessment and identification of patients who have uncomplicated disease or are at low risk of death. This assessment should be done very early after admission. For these patients an optimum length of stay could be as short as 3-4 days.

Length of stay can safely be decreased, even in complicated cases, by improving the efficiency of care provided in the hospital. Efficiency of care can be improved by:

- early achievement of clinical (hemodynamic) stability
- early thrombolytic and early reperfusion therapy as indicated
- early prognostic index identification
- early confirmation of diagnosis
- early detection and management of coronary reocclusion and reinfarction

Coronary angiography is not routinely necessary in all patients after an acute myocardial infarction.⁵ Cardiac catheterization is indicated if post-infarction angina, heart failure, or other complications develop, or if positive results are found on a post-infarction stress test.⁵

(Issue: 12/15/95 - DB)

¹Medical Knowledge Self-Assessment Program (MKSA) 10. American College of Physicians 1995.

²Topol EJ, Burek K, et al: A randomized controlled trial of hospital discharge three (3) days after myocardial infarction in the era of reperfusion. N. Eng. J. Med 1988; 318: 1083-8.

³Parsons RW, Jamrozik KD, et al: Early identification of patients at low risk of death after myocardial infarction and potentially suitable for early hospital discharge. B.M.J. Vol: v308 Issue: N6935

⁴Sanz G, Betria A, et al: Feasibility of early discharge after acute wave myocardial infarction in patients not receiving thrombolytic treatment. J. Am. Coll. Cardio. Dec 1993, 22 (7) p1795-801.

⁵Fernandez FN and Borzak S: Acute Myocardial Infarction. Conn's Current Therapy 1995, page 283.

Illinois Medicine

VOLUME 7, NUMBER 25

DECEMBER 15, 1995

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Phone (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Office hours: Mon.-Fri. 8:30 a.m.-4:45 p.m.

© Copyright 1995 by the Illinois State Medical Society. Views and opinions expressed in Illinois Medicine are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Raymond E. Hoffmann, MD	PRESIDENT
Ronald G. Welch, MD	CHAIRMAN OF THE BOARD
Alexander R. Lerner	EXECUTIVE VICE PRESIDENT

Illinois Medicine Committee

Edward J. Fesco, MD, Chairman	
Edmund Donoghue Jr., MD	Silvana Menendez, MD
Richard A. Geline, MD	Sandra F. Olson, MD
Raymond E. Hoffmann, MD	Janis M. Orłowski, MD
Jane L. Jackman, MD	Scott Reid, DO
Harold L. Jensen, MD	Erlo Roth, MD
William E. Kobler, MD	Sylvia Eberle, Alliance

Illinois Medicine Staff

EDITOR, Lynn Koslowsky
 WRITER, Mary Nolan; PRODUCTION/DESIGN MANAGER, Carla Nolan
 DESKTOP PUBLISHING SPECIALIST, Christine Victor

Advertising Information

Send all advertising orders, correspondence and payments to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Illinois Medicine will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in Illinois Medicine. A copy of these principles is available on request. The appearance of advertising in Illinois Medicine is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning Inc., 15 W. 700 N. Frontage Rd., Suite 134, Hinsdale, IL 60521. Phone (708) 655-2500; fax (708) 655-2602.

EDITORIAL

Stop the cycle of violence

There's no place like home for the holidays, the song goes. Well, for many people that's probably true. Holiday homecomings are happy occasions when we enjoy being with those we love. But for victims of domestic violence, home isn't a haven now or any other time of year.

Some of those victims were shown on a recent segment of the television program "20/20." Their faces had been marred by long-term abuse from husbands or boyfriends. But fortunately, the women had left the relationships, had been in therapy and were regaining control over their lives. Part of their recovery involved repairing the physical reminders of abuse – broken noses, broken cheekbones and nerve damage. Their surgeries were performed free by volunteer physicians from the Academy of Facial, Plastic and Reconstructive Surgeons, and the results were striking: The women's faces postsurgery matched their improved self-esteem and new lives.

Before the program will consider women as surgical candidates, however, they must meet certain requirements. They must have left their abusers and received counseling. And that is where all physicians can get involved.

A medical situation may be the only opportunity to stop the cycle of violence before more serious injuries occur, according to the AMA's recently released diagnostic and treatment guidelines on domestic violence. Battered women account for between 19 percent and 30

percent of all injured women seen in emergency departments, 14 percent of women seen in ambulatory care internal medicine clinics, 23 percent of pregnant women seeking prenatal care and 58 percent of women over 30 who have been raped, reported the AMA, based on various clinical studies.

Because of the prevalence of domestic abuse, the AMA is urging physicians to conduct routine screening of all women patients in emergency, surgical, primary care, pediatric, prenatal and mental health settings. Screening involves starting with a supportive opening statement and asking women direct, specific questions about abuse, some of which are included in the feature story in this issue.

Studies have shown that doctors are afraid of offending women by asking them about domestic violence, but women interpret it as a sign of concern, said a physician in a recent Associated Press story.

To help Illinois physicians become more directly involved with ending domestic violence, the ISMS Alliance has developed a videotape that suggests specific questions to ask patients who may be victims. The video is part of a program that can be presented locally and provides CME credit.

Physicians are critically important in alleviating what has become a serious medical problem. Now the resources are available to explain exactly how you can make a difference. ■

PRESIDENT'S LETTER

All things become new again

Raymond E. Hoffmann, MD



*As the year ends
and the books
must be closed,
what better time
to evaluate our
practices and
maybe make a
change.*

Year-end is a time for holiday cheer. Families come together, sometimes from many miles away. My family was together at Thanksgiving in Rockford, and at Christmas, Nathan, Nancy and I will travel to Massachusetts, where my daughter and son-in-law live.

Decorations are taken out of storage in attics and closets and placed around the house, inside and out. New ones are added each year. The decorating is usually finished off with a layer of snow – at least here in northern Illinois. What a colorful and joyous setting!

This time of year every organization, hospital unit and school-room has a party. The goal is to have as much fun as possible and many opportunities to wish your friends, old and new, success and happiness in the new year. The holidays start with Thanksgiving, which appropriately focuses us on what we have accomplished and acquired. And we usually acquire a few more pounds after eating all that food.

Then comes Christmas. The religious part of the holiday shifts the focus to introspection. We take a new look at our value system. This day emphasizes good will and peace. Do our values include them? For Christians, there is the marvelous story of the birth of a baby who changed all of mankind as well as individual men and women.

Nowadays this holiday has become more commercialized, and we spend many hours running from store to store looking for gifts for everyone on our list. But even in the midst of the madhouse, there is a great spirit of giving to the less fortunate, feeding the hungry and supporting households in chaos. If only it could continue all year.

Finally New Year's Day arrives. Through our resolutions, we try

to develop a new outlook for ourselves. We want to be thinner, stop smoking, get along better with partners and spouses. Then there are the inevitable bowl games (or, as Nancy would say, the unending bowl games), each one looking for a new champion. Throughout this whole season, even the plants are renewing themselves, awaiting spring so they can show off their restored vigor.

Perhaps newness is what this season is all about. We should take that suggestion and apply it to our own lives, personally and professionally. When we make New Year's resolutions, maybe they should include our practices. These could be anything – resolving to be on time so that our patients have shorter waiting times, to do charts on time or, even more important, to go home to our families more often.

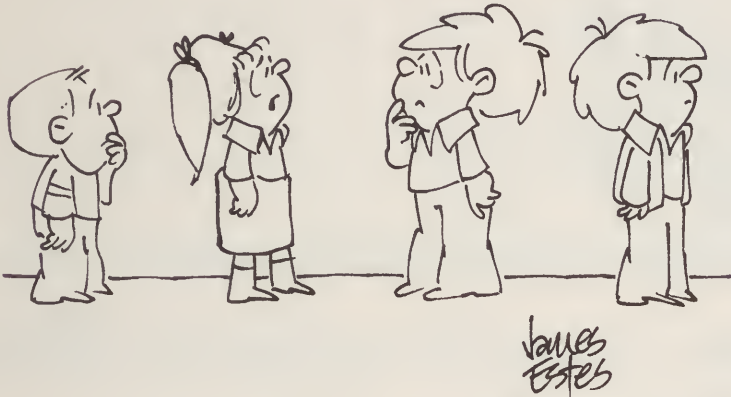
Maybe information on new systems for health care should be as gleefully sought as that new toy for your child. Things are changing and restoring themselves all the time. Health systems do this too. We need to take a new look at them – not to embrace each and every one of them but to select one as carefully as we do that toy.

As the year ends and the books must be closed, what better time to evaluate our practices and maybe make a change. New patients mean new challenges, and we all benefit from new stimulation.

This holiday season is filled with gifts, parties, friends and resolutions, but we should not be swept away by it all. The lesson to be learned is that amid the chaos and frenzy, there is newness – new ideas, new friends, new potential for growth just waiting to be tapped. Newness is absolutely vital to survival.

My wish to all you readers is that you find that new joy or new idea or new enterprise and that you can use it throughout the entire year to come. From our family to yours, happy holidays and the best NEW year ever. ■

SANTA →



"I worry about him. He's an old man. What if he gets sick?
Can he get medical care at the North Pole?"

LETTERS

Don't call us ER docs!

As past president and a 13-year board member of the Illinois College of Emergency Physicians, I wish to tell you about a slight of which you are probably not aware. The terminology used in the story "Reducing liability in the emergency room" (Nov. 17 issue) is dated and demeaning to emergency physicians. The specialist in emergency medicine is known as an emergency physician, not an emergency room doctor or an ER physician. Would a surgeon be addressed as an OR doctor? How about an obstetrician as a delivery doctor, a radiologist as an X-ray doctor or a pathologist as a morgue and laboratory doctor?

In addition, the site of our practice is the emergency department (ED), not the emergency room (ER). Right or wrong, the language has been used to hamper the acceptance of emergency medicine by "old school" conservatives.

If your goal is to represent all Illinois physicians, a good starting point would be to make these changes. I am a member of ISMS and have been very active in organized medicine. I know many of my colleagues have the perception that ISMS, along with the AMA, continues to represent a very conservative group of primarily surgeons, internists, family physicians and pediatricians. These observations might give you some insight into why that is so.

— George Hossfeld, MD
Evanston

Story on media's influence touches 'tip of iceberg'

The article "Does the media influence jurors?" (Aug. 25 issue) discusses the influence of negative media coverage on public sentiment and the possibility of juror bias against doctors. In my opinion, the story touched the tip of the iceberg. Jurors, being pooled from

the general public, are a captive television audience for sensational media stories seeking improved ratings. By and large, the public still trusts the media's credibility, and the public's opinions are easily manipulated by media special interests. This manipulation, including that against doctors, is of great concern.

The media's sensational approach may best be evidenced by the 1993 NBC story involving General Motors. NBC went to the extreme of rigging a truck experiment and accusing General Motors of manufacturing faulty truck fuel tanks. GM had to spend a substantial amount of money to prove that NBC had staged the experiment, which NBC later admitted.

WMAQ-TV in Chicago, an NBC subsidiary, has for several years aired numerous stories holding up doctors and the medical profession to unjust public scrutiny. These stories have clearly created a very negative public sentiment against doctors. In one such report, viewers were given the names of doctors who had been sanctioned, their license numbers and their office addresses. The report even included an offer to send such a list to viewers.

Despite the fact that some reporters claim to have been victimized by negative publicity, they continue to report on sensational stories, most notably against doctors.

It is obvious that media stories such as those reported by WMAQ-TV have far-reaching negative effects, not only on the public's opinion but possibly also on jurors and courts. Because of reporters' access to the media, they can sue for loss of public image and receive some vindication. Unfortunately, physicians who are targets of sensational stories do not enjoy a similar advantage.

— Ched Vugrincic, MD
South Elgin

Illinois Medicine reserves the right to edit all letters.

GUEST EDITORIAL

A strange gamble with smoking

By Joan Beck

Reprinted by permission: Tribune Media Services

This is not a column I want to write. I wish the information in it weren't true. I would like to hide the facts, to bury them in some obscure Internet site where no one would ever think to access them.

But the story will hit the news wires this week. It has long been rumored to be true. Many people already believe it or use it as a convenient excuse. And at least I can try to put a spin on the facts that might, in the long run, help prevent many tragic deaths.

What's so troubling is a new study, published today in the New England Journal of Medicine, that confirms the link between smoking cigarettes and weight. Smokers (age and lifestyle factors taken into account) are less likely to be overweight than nonsmokers. Those who stop smoking usually do gain weight, women more than men.

In fact, the large number of people who have stopped smoking in recent years may account, in part, for the recent sharp increase in the proportion of American adults who are overweight.

In a society obsessed with being thin, what more compelling reason could young people have to start smoking?

The new research, done by the National Center for Health Statistics, spells out other figures I wish weren't true:

- People who had quit smoking in the previous 10 years gained more weight than those who had never smoked — almost 10 pounds for men and 11 pounds for women. Those who kept on smoking gained less over this same period than those who had never smoked.

- Smokers who quit are likely to gain most of their extra pounds within the first few months after they give up cigarettes. Former smokers don't keep on gaining weight rapidly, but are still more likely to be overweight even a decade and more later than people who continue to smoke. Those who resume smoking — and those who start for the first time — lose weight.

- The statistics suggest that the link between smoking and weight is largely physiologic and not just a matter of changing behavior, according to the researchers. That probably explains why efforts to stop immediate weight gain among smokers who quit have been largely unsuccessful.

Of course there is no comparison between the health risks of being 10 or 11 pounds overweight and the hazards of smoking. Cigarettes will kill at least 400,000 Americans this year. Smoking causes, or contributes to, heart disease,

cancer, emphysema, stroke and a long list of other health problems. Medicare alone will pay more than \$25 billion to treat smoking-related illnesses this year alone.

Most smokers get hooked before the age of 21. Almost all smokers have tried to quit. But so powerful is the addiction that only 2 or 3 percent a year actually succeed. Half of teen-age smokers have tried to stop by age 17 but couldn't.

And that's why tobacco companies, for all their self-righteous denials, try to make cigarettes so enticing to the young.

Cigarette manufacturers have been enormously skilled at playing the weight card, even before the facts were as clear as the

current research shows. As they know, the smoking-slim-attractive-popular message is particularly effective with women — and with teen-age girls.

Tobacco companies, which sell \$1 billion worth of cigarettes to 3 million adolescents every year, are skilled at cleverly exploiting fears of overweight — from the subtle choices of models and messages for their ads to naming products "Virginia Slims" and "Capri Superslims."

Since 1965, after the dangers of smoking were made clear by the surgeon general's famous report, smoking rates for men have dropped by 46 percent — but only 31 percent for women. Today, about 3,000 teen-agers become regular smokers a day, and the rate for girls has been increasing in the past two years.

"Virtually all (of these teens) will be sicker than the rest of the population, most will never quit, and more than a third face early death as a consequence of their addiction," says Joseph A. Califano Jr. in an editorial in the New England Journal of Medicine. A former secretary of the Department of Health, Education and Welfare (now Health and Human Services), Califano says he gained 30 pounds when he kicked his four-pack-a-day habit.

For teen-agers already tempted to smoke by peer pressures, clever marketing ploys and adolescent rebellion, the hope of losing weight, or preventing weight gain, may be the decisive factor. Being a size 6 tomorrow may seem far more important than fears of having lung cancer in 40 years.

Most teens, like most adults, are well aware of the health hazards of smoking, surveys show. So by itself, more education about cigarettes isn't going to turn them all away from the fatal attraction.

What would help, as Califano emphasizes, is to reduce the national obsession with being slim, the thin-is-in mindset to which women, especially, are so vulnerable.

In a society where it's chocolate cake — not cigarettes — that is described as "sinful," this will be no easy task. But we cannot keep sweeping the facts into the ashtray any longer.

*Tobacco companies
are skilled at cleverly
exploiting fears of
overweight.*

Transplant centers cut prices to attract business

DISCOUNTS: Hospitals bargain with managed care plans in the organ transplant market. BY JULIE JACOB

[CHICAGO] Faced with increasing competition for organ transplant patients, Chicago-area hospitals are finding they must offer top-quality transplant programs at low rates to garner managed care contracts that will draw these patients to their doors, said Eric Smithback, an actuary with the Chicago office of Milliman and Robertson.

In many cases, hospitals are bargaining with managed care insurers to per-

form organ transplants for fixed, or global, fees covering all transplant services from organ procurement to follow-up care. These contracted fixed prices usually are significantly less than estimated first-year charges for transplants, Smithback said. "For example, the estimated first-year cost for a heart transplant is about \$220,000, but the price may be \$110,000 in a fixed-price contract. Effective discounts may range from

40 percent to 60 percent. But most of these agreements are confidential and are considered [by insurers and hospitals] to be trade secrets."

The hospital decides how to divide the fixed-fee payment among the physicians, allied health providers and hospital departments, said Bill Costello, director of managed care programs for the University of Illinois at Chicago Medical Center, which has organ transplant con-

tracts with several area managed care insurers. "Competition for the market is tremendous," he said. "The benefit to the hospital is volume, which is critical to keep the program sharp."

Not only must a hospital organ transplant program compete with other programs in the Chicago area for patients, it must also be competitive with transplant centers in other cities, said Janis Eizis, the administrative director for renal and transplant programs at the University of Illinois at Chicago. Many managed care insurers are part of regional networks and have contracts with hospitals in several cities, he said.

"You have to provide good-quality care at a cheap price," Eizis continued. "For example, insurers will send a patient from Chicago to St. Louis for a transplant if it's cheaper."

But quality, not cost, is the first criterion for choosing hospitals for organ transplant patients, according to managed care insurer medical directors.

"We have a fairly elaborate mechanism for designating centers of excellence for organ transplants," said Arnold Widen, MD, vice president and corporate medical director for Blue Cross and Blue Shield of Illinois. "They must fulfill the requirements of the United Network for Organ Sharing. Volume is also extremely important. The program must have experience and good outcomes for both organ and patient survival."

The Blues limits its managed care heart transplant and liver transplant patients to two hospitals in Chicago, and its pediatric heart and pancreas transplant patients to one hospital, Dr. Widen said. "If transplants are split up among several hospitals, it just doesn't work as well. Results are much better if transplants are done routinely. Cost does play a role, but only after quality requirements have been met."

Rush Prudential recently surveyed all area hospitals that perform organ transplants about the number of procedures performed, the longevity of the program, patient survival rates, redo rates and other factors, said Christine Stoll, MD, chief medical officer for Rush Prudential Health Plans.

"We are in the process of restricting patients in our managed care programs to the hospitals with the best outcomes," said Dr. Stoll. "But there's pretty good evidence that quality is cost-effective. It's less expensive to have treatments at places with the best results."

Even without pressure from managed care insurers to cut costs, transplants would still be less expensive in 1995 dollars than they were 10 years ago. The length of initial hospital stays and the number of hospital readmissions during the first year after transplant surgery have been whittled down by better treatment of organ rejection, more-effective anti-viral and antibiotic drugs and a shift from inpatient to outpatient treatment, said G. Martin Mullen, MD, chief of heart transplant surgery at Loyola University Medical Center.

"The length of stay has been cut at least 50 percent during the past 10 years," he said. "Ten years ago, heart transplant patients were hospitalized an average of 36 to 37 days after surgery. Two years ago it was 24 days, and now it's 20. But there is a finite number of days that patients have to be hospitalized. There are places that hospitalize some

(Continued on page 14)

PBT Offers The Lowest Rates Available For \$1,000,000 Term Life Rates Guaranteed 10-15-20 Years

Compare PBT New & Lower Term Life Rates \$1,000,000 Face Amount*

PHYSICIANS' BENEFITS TRUST (Sponsored By CMS & ISMS)

Enrollment Age	10-Year Level Premium		15-Year Level Premium	
	Male	Female	Male	Female
35	\$ 700	\$ 590	\$ 790	\$ 670
45	\$1,445	\$1,145	\$1,705	\$1,315
50	\$2,235	\$1,585	\$2,665	\$1,845
55	\$3,335	\$2,315	\$4,205	\$2,735
65	\$9,265	\$5,575	\$11,085	\$6,715

* Level Term Annual Rates for Preferred Non-Smoker, subject to approval, for \$1,000,000 face amount. Twenty-Year Rates also available.

ADVANTAGES

- Purchase as much as you need.
- Renewable to age 100.
- Physicians, spouses & employees are eligible.
- Convertible to Universal Life up to age 65.
- Insured with North American Company for Life & Health Insurance, Chicago, IL, an "A Excellent" rated company by A.M. Best and Company.
- Living Benefit available if terminally ill.
- No cost wellness assessment.

Call for details
(800) 621-0748
(312) 541-2704

Ask about the other PBT Plans too!

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Plus...

FREE

\$100,000 HIV Coverage

Additional \$100,000 Available Without Testing

From a practical standpoint, your ability to practice medicine suffers when you become diagnosed as HIV-Positive, even though symptoms might not appear for many years. Most Long Term Disability plans do not recognize an HIV-Positive diagnosis as disabling, so you could be waiting three or more years for LTD benefits as a result.

To address this serious coverage gap, free HIV coverage has been made available to all physicians participating in at least one of the qualifying plans of the Physicians' Benefits Trust (PBT).

ISMIE Update

Look for
"Case in Point"
on contributory
negligence in an
upcoming issue

ISMIE program focuses on liability of attending physicians

TEACHING: Proper supervision of house staff should include careful documentation during hospital stays. BY JANICE ROSENBERG

[CHICAGO] At teaching hospitals, physicians who supervise medical students, residents and fellows assume responsibility for the patient care given by these physicians-in-training. Although this arrangement provides invaluable learning experience, it can also create liability for attending physicians. As a result, they should manage subordinates carefully and document everything – from patients' hospital admission to discharge. That was the theme of "The Liability of an Attending Physician in a Teaching Hospital," an ISMIE risk management program held Nov. 15 at St. Joseph Hospital and Medical Center in Chicago.

"When it comes to the care of a patient in the hospital, you are the captain of the ship. The responsibility for any procedure, all care, and tests done or not done, in the end falls on you," said Janis Orlowski, MD, assistant dean of Rush Medical College and an ISMS Third District trustee. Twenty-three-hour hospital stays for workups have become increasingly common, so more than ever, physicians need to keep a close watch on their patients' hospitalizations and document treatment plans at the beginning of the hospital

stay, she explained.

"A clearly outlined hospital plan that states why the patient is there should include information on any other medical problems the patient may have, along with documentation saying you know about those problems and have worked them up in the past," Dr. Orlowski said. She recommended having a portion of patients' outpatient charts available when they're being admitted.

Of course, during a hospital stay, house staff will place notes in the chart. Attending physicians are responsible for evaluating these notes. If there is a note in the chart that you, as the attending physician, do not think reflects the truth, add your own note below or next to it, Dr. Orlowski advised. Do not cross out or alter the record. Instead, annotate it, specifying which note you consider to be untrue and sign your annotation.

"The worst thing is to allow an inaccurate statement or embellishment to sit in the chart. If you don't have a document in the chart [to contradict it], then the truth is whatever the third-year medical student writes down," Dr. Orlowski said.

Attending physicians are responsible for everything that is done for their patients by someone who is under their personal control or supervision,



Dr. Orlowski

said attorney Kevin Glenn, a partner at the Chicago law firm Bresler, Harvick & Glenn. In a teaching hospital, personal control and supervision are essential to the relationship between the house staff and the physicians, he said. That's why during your patient's hospitalization, it is vital that you make sure house staff under your supervision do things the way you want them done. They should also document the fact that you have supervised their work, Glenn said. "Review

their notes and get notes of your own in, too, so everyone knows what you want done."

In a teaching hospital, referrals to specialists are strongly encouraged, and your patients may be seen by residents on other services, too. When that happens, those residents are temporarily under your personal control and supervision. That expands the contribution to patient care but also increases exposure to liability, Glenn said.

"When a resident from another service comes to see your patient, you are responsible for telling him or her what you want done, either in notes, on the phone to his or her attending [physician] or in person to the resident," Glenn said. "If you don't, you won't have exercised appropriate [supervision] and control."

Another way attending physicians can protect themselves is to make sure that residents handle only those procedures in which they have been certified as proficient. Residents now carry forms that document their ability to perform various procedures, Dr. Orlowski said.

"Never let a medical student, resident or fellow do something that you don't believe he or she

can do," she said. "At Rush, we counsel house staff not to do something they don't feel comfortable with – no matter who tells them to do it."

Care provided by the house staff may uncover additional medical problems during a patient's hospital stay. If so, the new problem need not be treated immediately, but a follow-up plan should be clearly delineated in the patient's chart, Dr. Orlowski said.

At the time of discharge, all instructions given to patients should be noted in their charts. That information should include the date of the patient's next scheduled office visit, consultations to be scheduled and instructions for diet and medication. Before placing her final signature on a patient's chart, Dr. Orlowski said she makes sure that all necessary information has been recorded. She also checks for documentation stating that the patient has been given the information.

"In a teaching environment, where you give people responsibility so they can learn, it's never foolproof," Dr. Orlowski said. "To protect yourself, be succinct in your documentation on the patient's way in and way out, and watch your procedures." ■

Nominations sought for ISMIE Board of Governors

Eight new members will be elected to the ISMIE Board of Governors at the ISMIE Annual Meeting April 17, 1996, at Oak Brook Hills Resort in Oak Brook. Board members are elected by a majority vote of policyholders represented in person or by proxy at the Annual Meeting.

The 21 members of the board serve staggered three-year terms. In 1996, seven of those terms will expire. Also to be filled is a one-year term resulting from a vacancy that occurred in 1995 within an unexpired term.

The Board of Governors, which usually meets four or five times each year, maintains general supervision over ISMIE's finances, operations, conduct and affairs, in keeping with its rules and regulations. The board also establishes all policies governing the transaction and conduct of the company's business.

In addition, each board member is appointed to serve on at least one of ISMIE's five committees: the Nominating Committee, the Policyholder Services Committee, the Planning Committee, the Risk Management Committee and the Investment Committee. Committees meet several times a year and regularly report to the board. Board members also regularly represent ISMIE at meetings of hospital medical staffs, county medical societies, specialty societies, residency programs and other local and state physician organizations. Board members receive an honorarium and are reim-

bursed for the actual expenses of attending ISMIE board and committee meetings.

Any ISMIE policyholder interested in serving on the board should send a statement of interest and a current curriculum vitae to ISMIE Chairman of the Board of Governors Harold L. Jensen, MD, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Each candidacy must be seconded in writing by two other ISMIE policyholders, and an ISMIE member may second nominations for up to eight board candidates.

Statements of interest should be no more than 150 words. They will be included with the notice of Annual Meeting and proxy mailed to each ISMIE policyholder. All statements of interest, curricula vitae and written seconds must be received at ISMIE's office by Jan. 2, 1996.

All candidate submissions will be reviewed by the ISMIE Nominating Committee, which will carefully consider and recommend a slate of nominees. The committee tries to ensure broad representation on the board based on geography, insurance class, specialty and other criteria.

Candidates who are not included on the slate will be notified and may ask to be placed on the ballot as independent candidates. In keeping with ISMIE rules and regulations, policyholders may vote for the recommended slate, independent candidates or a combination of the two. ■

DOMESTIC VIOLENCE

Intervention begins with a basic question

The ISMS Alliance Fall Conference features a video to help physicians with abuse victims.

By Janice Rosenberg

Are you being abused?" Asking this basic question is the most important action physicians can take if they suspect a patient is in an abusive situation, said the survivors of domestic violence who were shown on a video at the Oct. 26 ISMS Alliance Fall Conference in Bloomington. The video, "More Than Words: Responding to Domestic Violence," was designed specifically for physicians and is part of the Alliance's ongoing effort to inform physicians that they can make a difference in combating domestic violence.

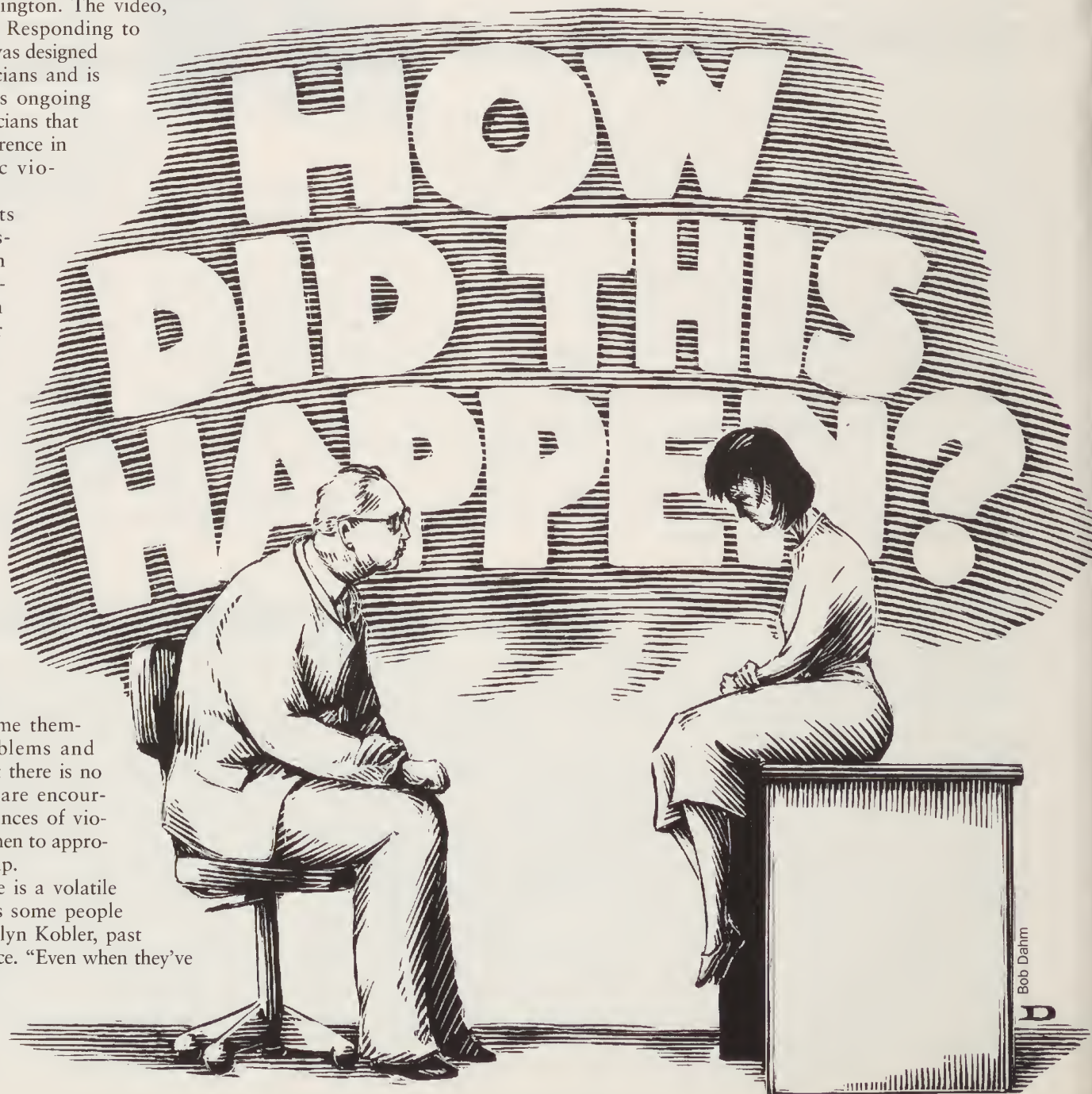
The video presents some sobering statistics: In any 12-month period in North America, 2 million women are assaulted by their male partners, and more than half the women murdered in the United States are murdered by their partners.

In the video, experts point out that people from any socioeconomic class or ethnic group can be involved in abusive relationships and that women in abusive situations feel isolated, tend to blame themselves for their problems and eventually believe that there is no way out. Physicians are encouraged to identify instances of violence and to refer women to appropriate resources for help.

"Domestic violence is a volatile subject, and it makes some people defensive," said Carolyn Kobler, past president of the Alliance. "Even when they've experienced it or know someone who

has, they may not be ready to accept it as a major problem, but it definitely is."

The scope of the problem was emphasized in a recent Associated Press story that reported on a study conducted by the Johns Hopkins University School of



DOMESTIC VIOLENCE

Medicine and published in the *Annals of Internal Medicine*. One of three women has been victims of domestic abuse, and half were assaulted before the age of 18, the study found.

The data were gathered by nurses in four Baltimore-area medical practices, who asked patients to fill out confidential questionnaires in examining rooms. The patients were asked whether they had been physically or sexually attacked and, if so, when.

"The women don't volunteer the information. The doctors have to ask," said the study's lead author, Jeanne McCauley, MD, as reported by AP. "Studies have shown that doctors are afraid of offending them by asking about domestic violence. But women aren't offended. In fact they see it as a sign of concern."

Physicians can and should intervene when they suspect that a patient is being abused, according to experts on the video. With some prompting, even those women who are afraid to tell their mothers and closest friends what is going on will often talk with their physicians about the problem.

Physician involvement is also supported by ISMS House of Delegates policy, which encourages physicians to be aware of potential signs of abuse in all their patients. HOD policy also reminds doctors of their obligation to participate in any reporting requirements for such abuse and urges them to become active in local programs that address domestic violence.

In early November, the AMA released guidelines to help break the cycle of domestic violence. Nearly one-quarter of all women in the United States will be abused by a current or former partner some time during their lives, according to the AMA. Forty-seven percent of husbands who beat their wives do so three or more times per year. The organization is urging victims to discuss their experiences with their physicians. "Although women may not bring up the subject of abuse on their own, many will discuss it when asked simple, direct questions in a nonjudgmental way and in a confidential setting," the guidelines said. "Even if she does not respond at the time, the

(Continued on page 10)

What to look for, what to ask

Domestic violence is a prevalent problem that shows up in many clinical settings, according to the AMA guidelines released in early November. Citing various studies, the guidelines said battered women may account for the following:

- 22 percent to 35 percent of women seeking care for any reason in emergency departments, most of whom are seen by medical or other nontrauma services;
- 19 percent to 30 percent of injured women seen in emergency departments;
- 14 percent of women seen in ambulatory-care internal medicine clinics;
- 25 percent of women who attempt suicide;
- 25 percent of women using a psychiatric emergency service;
- 23 percent of pregnant women seeking prenatal care;
- 45 percent to 59 percent of mothers of abused children;
- 58 percent of women over 30 years old who have been raped.

"Physicians in all practice settings routinely see the consequences of violence and abuse but often fail to acknowledge their violent etiologies," the guidelines state. Doctors should be suspicious of such common domestic violence injuries as contusions, abrasions and minor cuts, as well as fractures or sprains; injuries to the head, neck, chest, breasts and abdomen; injuries during pregnancy; an injury with multiple sites; and repeated or chronic injuries, according to the guidelines. Stress-related physical symptoms include sleep and appetite disturbances, fatigue, sexual dysfunction, abdominal and gastrointestinal complaints, palpitations, gynecologic problems and frequent visits with vague

complaints or symptoms but without evidence of physiologic abnormality.

A confidential interview conducted by a physician "is, in itself, therapeutic and an important step," according to the guidelines, which also recommend that physicians ask the following questions:

- Are you in a relationship in which you have been physically hurt or threatened by your partner? Have you ever been in such a relationship?
- Are you (or have you ever been) in a relationship in which you felt your were treated badly? In what ways?
- Has your partner ever destroyed things that you cared about?
- Has your partner ever threatened or abused your children?
- Has your partner ever forced you to have sex when you didn't want to? Does he ever force you to engage in sex that makes you feel uncomfortable?
- We all fight at home. What happens when you and your partner fight or disagree?
- Do you ever feel afraid of your partner?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing your education?
- You mentioned that your partner uses drugs/alcohol. How does he act when he is drinking or taking drugs? Is he ever verbally or physically abusive?
- Do you have guns in your home? Has your partner ever threatened to use them when he was angry? ■



Update your address now

Believe it or not, it has been almost three years since you last renewed your medical license. If you haven't already done so, the Illinois Department of Professional Regulation is asking you to update your address now to ensure your receipt of renewal forms, which will be mailed this spring. Current licenses expire July 31, 1996.

The department must receive all address changes before March. Address changes may be submitted in writing only; they will not be accepted over the phone.

Physicians may complete the accompanying form to update addresses with the department. Those wishing to change their address on an Illinois controlled substance license should contact IDPR regarding specific procedures to follow. For more information, contact the Illinois Department of Professional Regulation, Licensure Maintenance Unit, 320 W. Washington St., 3rd Floor, Springfield, IL 62786; or call (217) 782-0458.

Make it a New Year's resolution. If you've moved, update your address, and when you receive your forms this spring, make license renewal a top priority. ■

Physician address change notification form

Please type or print legibly

License number:

036- _____

Date of birth:

Registrant's name:

02 Last: _____

02 First, Middle: _____

Street address:

(21) _____

(22) _____

(23) _____

(24) _____

(25) _____

(05) City: _____

(06) State: _____

(07) ZIP code: _____

(08) County: _____

Signature of registrant: _____

Social Security number: _____

Mail to Illinois Department of Professional Regulation,
320 W. Washington St., 3rd Floor, Springfield, IL 62786

Intervention begins

(Continued from page 9)

fact that a provider is concerned and believes that battering is a possibility will make an impression. The physician's concern about abuse validates her feelings and reinforces her capacity to seek help when she feels ready and able to do so."

Doctors may be reluctant to become involved in the nonmedical issues surrounding domestic violence, said the experts in the Alliance video. To overcome that reluctance, physicians can take some basic steps. First, they should learn the facts about domestic violence. The anti-violence packets developed by ISMS and the Alliance are available to provide such information. However, physicians should recognize that they can't solve their patients' problems or provide the services they need. Instead, they can recognize the situation, listen to patients and offer referrals for help. To do that, physicians need to know about shelters and services available in their area. Again, the anti-violence packets include a list of sites that was developed by the Illinois Coalition Against Domestic Violence.

"Have some posters in your office that show you are aware that domestic violence is a reality," said Angela Browne, PhD, author of the book "When Battered Women Kill." "Prepare your staff to be aware of the problem and let your patient know that whatever she tells you is confidential," she advised.

Still, asking that first question is not easy, said Nancy Sugg, MD, author of "Primary Care Physicians' Response to Domestic Violence: Opening Pandora's Box," published in the June 17, 1992, issue of JAMA. "Physicians wonder, 'How will I ask and not offend?' They worry about sounding nosy," she said.

Dr. Sugg suggested physicians begin their inquiries by saying, "When I see injuries like this, I wonder if someone did this to you. It happens with a lot of people, and I have to be sure it's not happening to you."

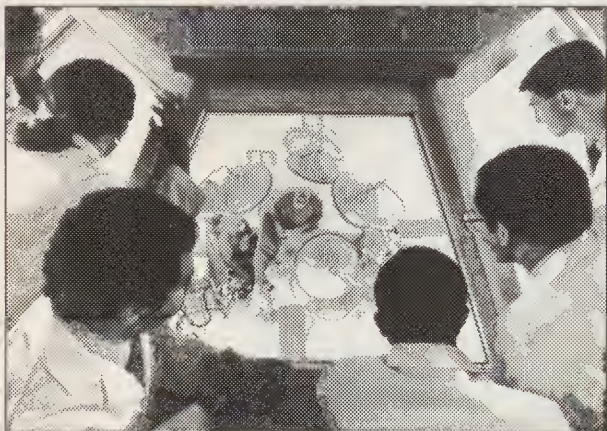
After observing a suspicious bruise or a broken bone, physicians should continue asking questions, said Lee Ann Hoff, author of the book "Battered Women as Survivors." Those questions include the following: How did this happen? Has anything like this happened before? Are you thinking about suicide? Are you so angry you've thought of killing your partner? Do you have friends or family you can stay with?

"Ask the questions and be prepared to respond with more than words," Browne said. "Strategize [with your patient] about what will make her more safe. Link her to resources. Work with her as a team. Empower women and support them in their decisions."

Physicians who uncover instances of domestic violence should include notes on the situation in their patients' medical records, Browne said. When possible, documentation should also include photos of their patients' specific injuries.

The Alliance program will be presented to local groups of physicians on request. The video is shown at each program, and physicians who attend receive 2 credit hours of Category I CME credit. For more information, call the Alliance at (312) 782-2099. ■

AN ARMY SCHOLARSHIP COULD HELP YOU THROUGH MEDICAL SCHOOL



The U.S. Army Health Professions Scholarship Program offers a unique opportunity for financial support to medical or osteopathy students. Financial support includes tuition, books, and other expenses required in a particular course.

For information concerning eligibility, pay, service obligation and application procedure, contact the Army Medical Department Personnel Counselor:

(708) 926-7478

ARMY MEDICINE. BE ALL YOU CAN BE.®

Positions and Practice

America's medical matchmakers: Select physician practice opportunities statewide and nationwide, some worldwide. Group/solo, all specialties, competitive and varied income arrangements. Contact Larson & Trent Associates, Placement Consultants, Box 1, Sumner, IL 62466. Telephones open 24 hours at (800) 352-6226 or (618) 936-2970.

Internal medicine – Immediate opening for a board-certified or -prepared internist interested in starting and building a new practice in a newly opened, state-of-the-art outpatient center in Morris, Ill. Position includes a highly competitive financial package and comprehensive benefits with CME and vacation time. Morris, located one hour south of downtown Chicago, provides a terrific environment in which to live and work, with excellent educational facilities and low cost of living. For more information, call Marie Noeth at (800) 438-3745 or fax your CV to (309) 685-2574.

Internist needed for an office practice in a rural area in Illinois approximately 30 miles from East St. Louis. Please send replies to Box 2282, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Allergist (BC/BE) wanted to join as a part-time associate in a busy adult/pediatric practice in western Chicago suburbs. Duties include office care, hospital management and shared call. Salary is competitive. Malpractice and other benefits included. Please send replies to Box 2277, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chicago: Busy internal medicine practice with four board-certified internists looking for fifth BC/BE physician. Located in desirable northwest Chicago suburb. Excellent opportunity to become partner. Send resumes to Box 2280, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pack your bags! You're going to exciting Chicago! Opportunity for an IM physician to practice in one of Chicago's most respected and successful IM practices. Imagine no business hassles or practice headaches. You'll find our location to be ideal, with support from a well-known 475-bed regional hospital located in beautiful Lincoln Park – one of the nicest areas in town. Your professional rewards include a competitive salary package, complete with comprehensive benefits. For more details, please call Mark Hanna, (800) 235-6745.

Home Physicians Inc., an innovative medical group located in Chicago and specializing in home visits, is seeking physicians to join its practice. A trained paramedic will provide transportation and accompany the physician. We are looking for individuals with training in the following areas: surgery, internal medicine, geriatrics and family medicine. Full-time compensation is \$120,000 plus benefits. Part-time is guaranteed \$480 per day. Please fax CV to Scott Schneider at (312) 384-7053 or mail to Home Physicians, 1735 N. Ashland, Suite 301, Chicago, IL 60622. Phone (312) 292-4800.

Diagnostic radiologist: Private office practice for sale to BC/BE. Excellent opportunity for independent practice in central Illinois university town. Mammography, ultrasound and R&F; potential for expansion to nuclear medicine and CT. Send replies to Box 2285, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin, Michigan, Iowa: Major multispecialty groups and a staff model HMO are seeking additional physicians specializing in family practice, internal medicine, pediatrics, hematology/oncology, nephrology and occupational medicine. Innovative, growing practices in safe, progressive communities. Choose from suburban and metropolitan cities, college and resort towns, or rural destinations. Enjoy four distinct seasons and an abundance of recreation at pristine lakes and forests. For more information, call Strelcheck & Associates at (800) 243-4353.

Chicago and suburbs; family practice, Ob/Gyn, internal medicine, pediatrics: If you are giving any consideration to a new practice, you may find M.J. Jones & Associates your best resource. We are located right here in the Chicagoland area; we know the communities, hospitals, groups, etc. We have a continuous track record assisting many physicians in the Chicagoland area. You can reach us 24 hours a day, seven days a week, at (800) 525-6306. We think you will be amazed at the difference! M.J. Jones & Associates, The Center for Health Affairs, 1151 E. Warrenville Road, Suite 100, Naperville, IL 60563; fax (708) 955-0520.

Send ad copy with payment to Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; (312) 782-1654, (800) 782-ISMS; fax (312) 782-2023. Illinois Medicine will be published every other Tuesday except the first Tuesday of January and July; ad deadlines are four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Belleville/Fairview Heights and St. Louis: Premier group is seeking BC/BE physicians in internal medicine. This is an excellent opportunity for the physician who wants to concentrate on patients, not paperwork. Excellent salary, bonus, good call schedule, paid malpractice, vacation, CME and an outstanding 401(k). Send CV to Rick Klos, Group Health Plan, 940 West Port Plaza, St. Louis, MO 63146; or call (800) 743-3901 or (314) 453-1700.

Acute Care Inc., emergency medicine/locum tenens: Seeking quality physicians interested in emergency medicine or primary care locum tenens positions. Full time and regular part time. Numerous Illinois, Iowa and Nebraska locales. Democratic group, highly competitive compensation, paid St. Paul malpractice with unlimited tail, excellent benefit package/bonuses to full-time physicians. Contact Acute Care Inc., P.O. Box 515, Ankeny, IA 50021; phone (800) 729-7813 or (515) 964-2772.

Illinois/nationwide: Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; (800) 831-5679.

Excellent opportunities for physicians in the Chicago and suburban areas. Single-specialty and multispecialty group practices, hospital-based and outpatient arrangements. Competitive compensation and benefit packages. For a confidential inquiry, contact Debbie Aber, (708) 541-9347; Physician Services, 1146 Parker Lane, Buf-falo Grove, IL 60089; fax (708) 541-9336.

Illinois, southwest of Chicago: Part-time physician. Seeking experienced BC/BE physician for work in a moderate-volume, rapidly growing Level II trauma center hospital 60 miles southwest of the Loop. Excellent compensation, includes paid malpractice. Contact Steven Teller, MD, FACEP, Morris Hospital, 150 W. High St., Morris, IL 60450; (815) 942-2932, ext. 1158.

Family practice, internal medicine, Ob/Gyn and urgent-care physicians needed to join single-specialty and multispecialty group practices located within one hour of downtown Chicago. Congenial practice settings with well-trained colleagues. Competitive compensation packages include a full range of benefits. Utilize a modern 420-bed hospital located close to the physician offices. Great lifestyle with numerous social, cultural and recreational activities available. For additional information, call Martin Osinski at (800) 327-1585, ext. 132.

Excellent income opportunity – part-time work. The Medical Laser Institute of America is looking for physicians (otolaryngologists, dermatologists, plastic surgeons and sclerotherapists) to work two to four half-days per week, flexible hours, performing laser procedures. Everything is provided by the institute, from patients to supplies. Please forward your CV to the Medical Director, The Medical Laser Institute of America, 606 Potter Road, Des Plaines, IL 60016. Or call (708) 298-0719 to arrange for an interview.

Internist and surgical physician BC/BE needed to join multiple practice, progressive, industrial and family practice clinic. Full- or part-time positions available. Excellent salary and outstanding benefits. Please send replies to Box 2283, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Malpractice case evaluation: Board-certified medical experts needed. All specialties. All locations. Defense and plaintiff cases. Excellent remuneration. Interested physicians, please contact and send CV to Barry Gustin, MD, FACEP, American Medical Forensic Specialist, 2991 Shattuck Ave., Suite 302, Berkeley, CA 94705. Phone (510) 549-1693, fax (510) 486-1255.

Need a physician to work part time or full time in a well-established physician's office. Nice practice. Nice income. For details, please call (708) 595-1483 or (312) 548-0028.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7	\$17	\$25	\$ 42
3 insertions	13	32	46	78
6 insertions	18	44	64	108
12 insertions	22	53	79	132

Confidential box numbers: Add 18 words to the word count and a \$5 surcharge.

Opportunity for physician: Established or newly licensed MD for practice of general medicine. Share in the care of patient clientele. Opportunity for growth and possible assumption of practice. For confidential interview, phone (317) 447-1412 Monday, Tuesday, Thursday, or phone (317) 447-1693 after 4 p.m.

Fast track: Chicago. Full- or part-time faculty at Mount Sinai Hospital Medical Center. One-third occupational medicine patients. Opportunities for board certification in occupational medicine. Top-dollar compensation and benefits, including CME and medical malpractice insurance. Contact Leslie Zun, MD, at (312) 257-6843.

Medical directors: Kansas, Missouri. Respected managed care plans seek licensed, board-certified MDs for medical director positions. Candidates experienced in managed care, CQI, utilization review, and case management with minimum three years' clinical experience. Contact Michael Shirley Associates Inc., 220/299, 7300 W. 110th, Suite 230, Overland Park, KS 66210.

Practice available: Well-managed, very lucrative and comfortable, hassle-free practice available 80 miles southwest of Chicago. Call (312) 761-8306 for details. It is an exceptional opportunity.

Not just another recruitment ad. Opportunities at clinics owned by and affiliated with North Memorial will give you a shot of adrenaline because we practice in a patient management environment that FPs, IMs and Ob/Gyns thrive on. Guide your patients through their entire care process at one of our 25 clinics in urban or semi-rural Minneapolis locations. Plus, become eligible for \$15,000 on start date. Interested BC/BE MDs, call (800) 275-4790 or fax CV to (612) 520-1564.

Emergency medicine: Wisconsin, position available to join young, well-established, residency-trained, board-certified EM group located in southern Wisconsin. Recently renovated, state-of-the-art ED and hospital facilities with strong medical staff support, ED volume of 30,000 plus with MD/PA double coverage. Opportunities for academic affiliation available if desired. Benefit and compensation package in excess of \$150,000 for the first year. Strong, stable local economy with low cost of living. Easy drive to Chicago, Madison and Milwaukee. For more information, send CV to Jacquelyn Degenhardt, Physician Recruitment, Beloit Memorial Hospital, 1969 W. Hart Road, Beloit, WI 53511; (800) 637-2641, ext. 5757.

Internist: Chicago north/northwest suburbs: Long Grove internist seeking BC general internist immediately. Rapid partnership. Fax CV to (708) 634-2140.

Delavan, Wis.: No call – no hospitalization required! We are actively recruiting BE/BC internal medicine physicians to practice at the Riverview Clinic located in Delavan, Wis. (population 6,000), located 30 minutes south of Janesville. Delavan is a safe, family-oriented community with excellent schools and recreational opportunities with a lake within the community. Excellent compensation and benefits are provided, with employment leading to shareholder status. Contact Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547-0551; phone (608) 755-3520.

Saudi Arabia: Current openings for pathology, radiography, anesthesiology, oncology, oral surgery and other specialties. Minimum one-year contracts. Minimum requirements include American/Canadian board certification or European equivalent with three solid years of practice post-residency. Call (800) 524-6330 or fax CV to (610) 993-3159. Jobs, Box 568, Southeastern, PA 19399.

Locum pediatrician needed. Northwest suburbs. Daytime only for office practice. Dec. 15 to Dec. 30. All or some days. Call (708) 742-9711, days, or (708) 931-6546, evenings.

Busy dermatologist in southwest Chicago suburbs seeks BC/BE dermatologist for partnership. Fax CV to (708) 361-8083.

South Suburban Chicago

Various opportunities exist for Family Practice, Pediatric and Internal Medicine physicians to practice medicine the way they want to at South Suburban Hospital, a 220-bed not-for-profit, acute-care facility. Be part of the growing suburbs of Chicago's Southland, located less than one hour from Chicago's Loop.

Our opportunities are for Board-certified/Board-eligible physicians. Competitive compensation packages will be designed to meet the needs and experience level of successful candidates. For more information, call or send C.V. to:

**April Chattinger, Director
Practice Development
South Suburban Hospital
17800 So. Kedzie Avenue
Hazel Crest, IL 60429
(708) 799-8000, ext. 3580**

South Suburban Hospital
 Advocate

Practice at the site of the 2002 Winter Olympics! Intermountain Health Care (IHC), a leading nonprofit, integrated health care system in Utah, Idaho and Wyoming, has several openings for BE/BC family physicians. Practice in one of the most scenic areas of the country and the site of the 2002 Winter Olympics. Choose from urban or rural lifestyles. For further information, please send a curriculum vitae to Intermountain Health Care Physician Services, 36 S. State St., Suite 1100, Salt Lake City, UT 84111; or call toll-free, (800) 888-3134. EOE.

Fantastic FP opportunity in the Midwest! Practice in a new clinic (no OB) with a full range of services, including a state-of-the-art lab and an in-house physical therapy department. With help from a very strong and skilled nursing staff, you will have the ability to see 20-25 patients per day. Your professional rewards include a competitive income with incentive, paid malpractice and insurance, vacation, CME and relocation. Plus, on your weekends off, you can enjoy a multitude of outdoor recreation activities or drive to the city for professional sports and cultural activities. Call Jeff Karon, (800) 235-6745.

North Shore suburbs/internal medicine: North-western-trained BC internist with busy North Shore private practice is seeking a full- or part-time associate. Independent or employee position is possible. Please send replies to Box 2281, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Delavan, Wis.: No call – no hospitalization required! We are actively recruiting BE/BC family physicians to practice at the Riverview Clinic located in Delavan, Wis. (population 6,000), located 30 minutes south of Janesville. Delavan is a safe, family-oriented community with excellent schools and recreational opportunities, with a lake within the community. Excellent compensation and benefits are provided with employment leading to shareholder status. Contact Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547-0551; phone (608) 755-3520.

Janesville, Wis.: Dean Medical Center, a 350-plus-physician, private, multispecialty group is actively recruiting a BE/BC internist for our Riverview Clinic in Janesville, Wis. (population 50,000 – located 40 miles southeast of Madison). Janesville is a beautiful, family-oriented community with excellent schools and abundant recreational activities. Currently, there are 12 internal medicine physicians at the Riverview location. The call schedule will be 1 in 12 for weekdays and weekends. Excellent compensation and benefits will be provided, with full-time employment leading to shareholder status in two years. Contact Stan Gruhn, MD, Riverview Clinic, P.O. Box 551, Janesville, WI 53547-0551; phone (608) 755-3520.

Situations Wanted

Board-certified, experienced radiologist seeks hospital or clinic position. Experienced in interventional radiology, MR and all types of imaging modalities. Please send replies to Box 2284, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified osteopathic family physician seeks full-time position (MD or DO) affiliated with teaching hospital in Chicagoland area. Extensive managed care experience. Available summer 1996. Please send replies to Box 2286, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified IM physician seeks part-time or full-time position in Chicago or northwest suburbs. Extensive experience. Please send replies to Box 2287, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified IM physician seeks part-time, three to four months of primary care work or locum tenens position (summer months only). Page me, (312) 997-1623, anytime.

Experienced, board-eligible diagnostic radiologist available for part-time or full-time position in Chicagoland area. Proficient in all imaging modalities. Call (708) 328-2759.

Experienced, board-certified gynecologist seeks hospital association, primary care association and/or to take over an active practice in gynecology or family practice. Please send replies to Box 2273, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified gynecologist/family physician seeks association/locum tenens. Available for office practice. Please send inquiries to Box 2212, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Three new exam tables for sale. Will take best offer. Please contact Stephen if interested, (800) 259-6269.

Commercial offices: Lovely professional two-story building with frontage on Route 68 just north of Route 72 in established East Dundee. There are seven office suites that are fully rented with long-term leases. Good rate-of-return investment. 7,200 square feet of quality space. Newer roof, completely blacktopped for 50 cars. Backup package available. \$625,000. Call Judi Falbisaner at (708) 428-LADY.

Gorgeous condo office suite: This condo is on the main floor and is in like-new condition. It has a reception room, front office, private office, three exam rooms and lab. Currently leased to a dentist. Are you tired of outdated office space? It's time to move, with all conveniences. Busy street, in-town location. \$150,000. Call Judi Falbisaner at (708) 428-LADY.

Elgin. Medical space available in fast-expanding area, time-share available. Fox Valley Medical Center on six acres with ample parking lot. (708) 697-7870.

Oak Brook Terrace medical office to share/sublease. Fully furnished, X-ray diagnostic lab, treadmill, Holter, etc. Free-standing building, high visibility, parking (Summit Avenue). Call (708) 629-6700.

Southwest Naperville medical office suites at White Eagle Club – prime location, corner of Route 59 and 83rd Street, 2.5 miles from the new Rush-Copley Medical Center and one-half mile from Edward outpatient in the fastest-growing area of Naperville. Private office buyout or time-share will be made available. Exquisite new 8,400-square-foot building, on-site management. Call Linda for more information at (708) 585-4227.

Will be available for rent. Location! Location! Location! Surgical and medical specialists center, 8425 South Cottage Grove in Chatham. Brand-new medical office building – 900-square-foot office with five rooms, including a treatment room, storeroom, private washroom, receptionist's room (also a general lobby, public washroom and drinking fountain). Suitable for any specialty. Call (312) 723-3300.

Opening a new practice or expanding? Discover our used-equipment showroom, where you can save on high-quality trade-ins and/or new equipment. Fast delivery from our large inventory. Exam tables, electrocardiograph, stress, autoclaves, microscopes, holter, ultrasound, surgery tables, surgery lights, bovie, laparoscopes, etc. New distributors of Burdick, Welch-Allyn, Tycos, Ritter, Miltex, Pelton-Crane and Baum. Call Robert Shapiro, Combined Medical, 3433 W. Peterson Ave., Chicago, IL 60659; (312) 588-8111.

Chicago, near Edgewater Hospital: 3,100-square-foot medical building. Four suites, X-ray rooms, separate HVAC. Steal for \$139,500. Call Mr. Goldberg, Hallmark & Johnson, (312) 465-8000, ext. 29.

Jamaica villa in Silver Sands private international beach-club community halfway between Montego Bay and Ocho Rios. Our luxury villa has a large swimming pool, four bed/bath suites. Daily cook and maid furnished. Ideal for families or friends vacationing together. Tranquility assured. \$2,500-\$3,300, winter season; \$1,800-\$2,200/week from 4/15/96. (800) 260-1120.

Near 26th/Pulaski in thriving Hispanic neighborhood. Two large units available in busy dental practice building. Reasonable rent, indoor parking available. (312) 522-5011 or (312) 495-0050.

East Dundee medical office to share/sublease fully furnished, new build-out in freestanding building, easy access from I-90, near major area hospitals, spacious parking. Call (708) 622-1212.

Viewboxes for sale: Two sets of six viewboxes with bottom row angled for desk work, hot light. Will deliver, \$650 or best offer. (312) 337-8915.

For sale: Used Ob/Gyn office equipment/furnishings. Inquiries: (618) 283-1622 or VOGA, 929 Walton Drive, Vandalia, IL 62471.

For sale: Calyx MDX system software program with all latest updates included. Complete billing and insurance system – \$3,000, firm. Please send responses to P.O. Box 483, Edwardsville, IL 62025.

Naperville: Outstanding medical space for lease: 1,110 square feet in an 18,000-square-foot medical center. Three examination rooms, private office, reception area, administrative area, waiting room and private restroom. Excellent location – immediately off Ogden Avenue. Contact Bill Waliewski, McWilliams & Associates Inc., at (708) 357-9044.

Miscellaneous

IM board review course: Excellent passing record; San Diego, 2/17 to 2/21/96; St. Louis, 4/10 to 4/14/96; Newark, N.J., 6/26 to 6/30/96; Columbus, Ohio, 7/31 to 8/4/96. For fast information, call voice mail, (800) 97-IMBRC, or write to IMBRC, 5892 Whitestone Drive, Columbus, OH 43228.

Software package for IPAs (lead-doctor networks), PHOs and MSOs. Claim processing, UR, capitation payment, EDI and more. Free demo package. Data processing services available. The Claim Pro®, (305) 596-3135.

Free laboratory tests (CBC and chemistry) for your patients who cannot afford to pay for this service. Free blood drawn in our facility. Ask for supplies and shipping containers if you want to send by mail. Twenty-four-hour turnaround. UNILAB Inc., Oak Park, Ill., (708) 848-1556.

Want to increase your patient base? We can get it done! If you are interested in building your practice by marketing to patients, increasing your referral base or participating in managed care networks, then let us help you. Target Market Communications Inc. specializes in marketing for health care providers. We are experienced in developing and implementing marketing programs for office-based physicians, hospitals, managed care providers and medical technology facilities. For a consultation on how to achieve your marketing objectives, call Mary Benson at (708) 747-7701.

Improve cash flow, no overhead, reduce claim errors, receive payment in 14 days. File electronically with all insurance carriers. Health Claims Processing – a complete billing and bonded collection service, (708) 478-0424.

Medical CD-ROMs/software: Free catalog. More than 150 Macintosh and IBM titles. Guidelines and technical information included. Discounted and bundle prices. Call IMG Inc., (800) 571-5444.

Attention IPAs (lead-doctor networks), PHOs, MSOs: We are publishing a national directory of physician networks. Please submit listing information to AAPN, 11420 S.W. 109 Road, Miami, FL 33176; or call (305) 598-7505.

Physician Financial Services will tackle all your medical billing needs. Are you collecting what you did two to three years ago? We specialize in software with built-in edits, meaning fewer errors, thereby more money. Updated CPT and ICD-9 codes. Take care of more patients. We'll handle the paperwork. Free computer demonstration and information. Call (312) 391-9183 or write to MBC of Chicago/Lincoln Park, 2424 N. Clark, Suite 620, Chicago, IL 60614.

Exam chair/table upholstery: All makes and models. One-day service around your time off. Stools and waiting room furniture also. Hundreds of colors in the most durable, cleanable, stain-resistant vinyls. Miller Professional Upholstery, (708) 830-1818.

Transcription service: 8.5 cents per line (based on volume), phone-in dictation, modem, messenger service, 24-hour service. Excellent references. Lee-Perfect Transcribing, (312) 664-1877.

"Oops, I forgot." How many times have you heard this? Have you considered how much revenue you are losing from missed appointments? New computerized appointment verification system calls and verifies appointments for you. Call (217) 824-4374 for information. We use the Watson Voice/Telephone Card.

Electronic medical billing services: Full-service medical billing and consulting providing comprehensive, confidential help to increase and maximize your cash flow while reducing administrative headaches. Contact Mid-America Medical, 3000 Dundee, Suite 411, Northbrook, IL 60062; (708) 272-7272.

FAMILY PRACTITIONER ...

Want to share call with 11 other Family Practitioners and live in the Brainerd Lakes area? Immediate opening available at Brainerd Medical Center.

Brainerd Medical Center, P.A.

- 30 physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162-bed local hospital – St. Joseph's Medical Center

Brainerd, Minnesota

- In the middle of the premier lakes of Minnesota
- Less than 2½ hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families



Call Collect to Administrator:

Curt Nielsen
(218) 828-7105 or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Specialists develop

(Continued from page 1)

pendent physician associations. "Even those not familiar with our network might be familiar with [some of] the individual doctors." They are also attracted because of the convenience the network offers, he noted.

It took the specialists between 90 and 100 days "to do the basic gut work" to get the network up and running, Unland said. "They met once every two weeks for four to five hours an afternoon for three months to do the business planning, and they had most of it done in three months." There were also some meetings with the physicians' office managers. In addition, the doctors formed a task force of office practice managers to handle the many operational issues involved in creating such a network, Unland said.

The physicians organized the network "in an effort to effectively deal with managed care," according to Midwest Orthopaedic Medical Director Steve Mash, MD. "We are trying to do our best to be prepared, hoping not to have to play catch-up. All I can tell you is that you may say you don't like managed care, but it's here, and you have to know how to deal with it."

Although all the network's physicians are committed to quality assurance, similar pathways and economies of scale, providing the best care possible is the PO's primary goal, Dr. Mash said. "We think health care delivery should be physician-directed. Our concerns are the quality of patient care and effective, cost-conscious customer service, which translate into consideration of the patient."

Midwest Orthopaedic Network physicians essentially put their practices under a microscope to determine how they could deliver the best and most cost-effective care, according to Unland and Lietz. "They're looking at what each

doctor is doing and finding out who is getting the best results with what treatments," Lietz explained.

"The key is that these orthopedic surgeons are willing to study every procedure and operation and test they perform and literally revise the way they practice medicine," Unland echoed. The doctors, for example, have looked at which surgeries can be performed just as successfully in the office as in the hospital and at shortening hospital stays by using physical therapists and home health care professionals more effectively. They also "are cherry picking the hospitals they want to work with," Unland said.

These orthopedic surgeons are willing to study every procedure and operation and test they perform and literally revise the way they practice medicine.

"These doctors intend to work with hospitals that are known for efficiency – to develop their own orthopedic surgery critical pathways," he continued. "They might order all their supplies from one company instead of six or seven. And instead of [having a patient spend] six or seven days in the hospital, they might cut that by one or two days with the use of a home health care nurse. If the surgeons find more efficient ways to deliver care, they can go to the payers and say, 'We will give you better care at a better price than you're getting with your other providers.'"

Midwest Orthopaedic is positioned to offer discounted fee-for-service, capitation and global case rates, Dr. Mash said. The global rates, for example,

enable the network to offer five of the most common orthopedic procedures – joint replacements, arthroscopy, laminectomy, carpal tunnel surgery and bunion surgery – at fixed prices that include pre-operative evaluations, procedures, follow-up care and rehabilitation services, he explained.

"We're willing to streamline for the payer. It's a pay-one-price situation," Dr. Mash said. "But when we're talking about prices in our decisions, we always consider the patient first. Hospitals tell you they do. And payers have touchy-feely ads that talk about it. But the only people interacting with patients are doctors. They're the only ones with the ability to consider patients first."

Unland would not disclose the exact amount each Midwest Orthopaedic physician invested in the network, but he said each contributed a modest amount. "It is not that expensive to put this kind of network together on a per-physician basis. Depending on the size of the network, the average is between \$3,000 and \$5,000 per physician to put a network together and get it up and running."

Although the network's executives said they believe physician-driven organizations will give doctors more control and help them thrive in a managed care marketplace, they cautioned that success will not come overnight. "I would tell physicians to be patient," Lietz said. "Many companies and organizations say they are very interested [in contracting with Midwest Orthopaedic], but their systems aren't ready yet. Prepare your-

selves to accept [the fact that] that business might not start flowing through the network for 12 to 16 months."

Physicians should also make sure their networks have a strong geographic distribution, Lietz said. "Convenience is critical. Our goal is to have patients not have to travel more than 20 minutes to see a doctor." And physicians should carefully consider the qualifications of the providers they accept into the networks, he added. "Make sure you don't set up a group based on the 'good old boy' network. Don't include only people you went to school with, for example. Make sure they are strong doctors based on their education and their expertise."

While they said that physician involvement is key to success for these networks, Unland and Lietz advised physicians to hire business professionals to help run the organizations. "We encourage networks to bring in executives with business experience in managing a large practice, to hire an executive director," Unland said. "And many need a director of operations, depending on the size and complexity of the organization."

To help ISMS members develop physician-driven managed care organizations and maintain their clinical independence regardless of their practice structure, the Society has proposed the Physician Services Organization. The entity would provide support through a range of consulting, practice management and information systems services. The Board of Trustees approved the conceptual business plan for the PSO Sept. 16. ■

Smokers 'see' their way out of the habit

[CHICAGO] Some smokers who kick the cigarette habit are able to envision themselves without cigarettes, according to researchers at the University of Illinois at Chicago smoking cessation program. Successful quitters also possess different personality traits than people who try to quit and fail, the researchers said in a press release.

With one of the nation's highest success rates, the UIC program helps smokers develop positive images, said Robin Mermelstein, program director and an associate professor of psychology at UIC. "[This] means not rushing people into cutting down until we've established that they see their goal clearly rather than making a gratuitous attempt that won't work."

"If smoking is part of their self-definition, smokers' mental images of themselves will include cigarettes," Mermelstein said. "[This] may be particularly true for those [individuals] age 55 and older, who came of age in an era when smoking was seen as glamorous, urbane and sophisticated. They haven't developed a new image of themselves to replace it."

In the UIC program, successful quitters have been those who can visualize

themselves not smoking in different life situations, including stressful ones, she said. "They view quitting as an investment, which we see in their willingness to make that nonsmoking image a reality through the necessary tasks. Others can't see the light at the end of the tunnel. It's not part of who they are."

In addition, successful quitters give themselves credit for small steps such as switching to a lighter cigarette or just cutting back, while those who have trouble quitting view their goal as all or nothing and tend to judge themselves more harshly when they slip, Mermelstein said. "Smokers who fail to quit tend to believe their addictive personality will simply lead to replacing smoking with some other addiction. We get many people in the program who are afraid they will become addicted to something else if they quit smoking, but there is no research that supports the concept of addictive personality."

Smoking cessation programs like the one at UIC are in keeping with ISMS' long-standing policy that smoking harms patients and that the Society should encourage anti-smoking campaigns in the media and ban smoking in public places. ■

Law Offices

BRUNO & WEINER

155 North Michigan Avenue
6th Floor
Chicago, Illinois 60601
312-819-1583

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

BARBARA WEINER, J.D., formerly counsel to
Dangerous Drugs Commission

ATTORNEYS WHO REPRESENT PHYSICIANS

Defense of Licensure Actions
Physician Impairment Issues
Tax Audits and Appeals
Mandatory Reporting
Public Aid Inquiries

Judge rules

(Continued from page 1)

freely with the physicians they defend.

As part of the comprehensive tort reform legislation Gov. Jim Edgar signed into law March 9, the provision applies only to cases filed on or after that date, Kearns noted. But he stressed that Miller's ruling should not alarm Illinois physicians, who worked diligently to achieve passage of the tort reform law: "This ruling has no effect on physicians at all. It is just one trial court judge's ruling and has no ability to bind trial courts at other places. It is not precedent-setting."

"This shouldn't be viewed as discouraging, surprising or shocking," said Illinois Civil Justice League President Ed Murnane. "And it had nothing to do with the [\$500,000] cap [on noneconomic damages]. We feel the judge was

wrong, but this is the way legislation is tested. It is the only way to get it to the Supreme Court to have a [final] ruling on its constitutionality." The league and other tort reform proponents anticipated such rulings and ultimately "expect every section of H.B. 20 to be challenged."

HETTINGER SUED Dr. Krah because he experienced double vision after eye surgery. Hettinger's attorney, John Gadau, objected to the new law's requirement that all his client's past medical records be disclosed.

"The law now provides that if you file suit for any personal injury, as far as the defendant is concerned you have totally waived any privileges to your medical records," Gadau said. "For example, if a 65-year-old woman [plaintiff] had a problem in college, the defense would be able to get that record. And

that information would be accessible to a defendant who ran a stop sign and broke the plaintiff's arm. Plaintiffs are required to sign a consent form that authorizes lawyers to get prior records and discuss anything they want with the doctor. If they don't, the court can order the plaintiff to sign a consent form or [the court will] dismiss the case. That is unreasonable and interferes with the court's ability to decide what is relevant information."

Gadau said he agreed that access to some medical records is necessary, but said he did not want defense attorneys to view any records in his absence, especially "not something that goes back 40 years or something that doesn't apply" to the case.

But Kearns said Miller did not rule it unconstitutional for a defense lawyer to speak with physicians. And Kearns noted the provision in question allows only

access to, not public disclosure of, the medical records. "The law requires the [defense] attorneys to keep the information to themselves. The rules as to relevance of records always apply. The information [in the records] is not necessarily going to be introduced as evidence."

Before tort reform legislation was enacted, defense attorneys could access a plaintiff's medical records only with the plaintiff's consent or a court-ordered subpoena. "Under the old law, the court had the discretion to allow or deny the petition for medical records," Kearns said. H.B. 20 eliminates that discretion and, according to Miller, interferes with the judicial process. "That was the only thing the judge in this case hung his hat on. He said it violated the separation of powers," Kearns said.

The defense has not decided if it will appeal Miller's decision, Kearns said. ■

GAO study

(Continued from page 1)

control efforts restrict or eliminate individuals' choice of provider. As a result, employers who purchase health care and individual consumers have demanded more information about quality."

The report was based on information obtained from telephone interviews with 153 people who had requested a report card, seven group interviews with 64 employees at seven work sites across the

country and representatives of 65 businesses nationwide.

The federal agency found that employers and consumers alike want information that measures health care outcomes rather than data about structural or process indicators. Structural indicators deal with such measurements as the ratio of nurses to inpatient beds, and process indicators quantify providers' activities in delivering care, such as immunizing children, the report explained. Both groups also said they want standardized information to com-

pare providers and plans.

Respondents, however, acknowledged the difficulty in establishing cause and effect between quality of care and outcomes. They expressed skepticism about whether factors like a patient's age and severity of condition could be adequately taken into account.

The report also revealed that employers are using performance reports to evaluate the quality of care provided by individual health plans. They frequently use report cards, for example, "to select and monitor the performance of providers and plans furnishing services to their employees, negotiate with insurance carriers and market managed care plans to employees." However, employers indicated they are not satisfied with available information because it is hard to interpret and does not adhere to standard protocols and definitions, the report said.

Individual consumers, however, are not using performance report cards as frequently as employers. Some consumers interviewed said the information about health plan quality currently available is not very useful. They said they want more information so that they can make better decisions and have confidence that the plans they select provide high-quality medical care. But they said they would not rely on such information alone in choosing a provider. "Many individual consumers emphasized that

published information would never be the sole source of data for their health care decisions but would be used in addition to other information such as personal consultation with their physician, friends, family members or coworkers," the report said.

"The quality of medical care is one of the Illinois State Medical Society's highest concerns. We're happy that people now realize that quality is important," said ISMS President Raymond Hoffmann, MD. "We think patients should ask questions about their physicians and health plans and consider quality, not just price."

Dr. Hoffmann also concurred with survey respondents who expressed dissatisfaction with available performance information about providers and health plans. "We're trying to get a handle on how to rate quality. What is high quality for you might not be high quality for me. There's more to quality than just numbers, and more work is needed on the indicators that define what it is," he said.

The GAO report was issued in response to Sen. Edward Kennedy's request for information about how consumers use performance report cards and what information those consumers want. Because the interviews do not represent a random sample, the experiences and opinions expressed "cannot be generalized to all employers and consumers," the report said. ■

HAS TORT REFORM REDUCED YOUR MALPRACTICE INSURANCE COSTS

**IF NOT, CALL (800) 962-1224
FOR COST-EFFECTIVE
MALPRACTICE INSURANCE.**

Call us, at no obligation, about cost-effective and top-rated malpractice insurance that is available for:

- **Physicians:** regardless of your practice situation.
- **Group practices:** existing and in formation. Traditional and emerging practice settings.
- **Any type of Healthcare Facility or Healthcare Delivery System.**

Call (800) 962-1224 for more information, at no obligation, on how you can take advantage of top-rated and cost-effective malpractice insurance alternatives.

**Cunningham
Group**

**1100 Lake Street
Suite 230**

Oak Park, IL 60301

Call: (800) 962-1224 or (708) 848-2300

Insurance and Risk Management Services Since 1947

Transplant centers

(Continued from page 6)

transplant patients for only five or six days, but that's pushing the envelope."

Dr. Widen agreed. "We are getting down for some procedures as low as you can go for hospital stays. But we do recertifying every few years, and if a hospital has poor quality, it's out."

However, as transplant technology evolves and transplant techniques become more efficient, the optimal length of hospital stays and treatment may change, Dr. Stoll said. "I think there's an optimum, but I don't think we're at it yet."

Even though hospital organ transplant programs have successfully adjusted to the managed care environment, Dr. Mullen said he is concerned that insurer pressure to cut costs may eventually collide with a hospital's ability to provide

quality care.

"There's a human cost vs. a health care cost. The body heals at only a certain rate," said Dr. Mullen. "When you crack open somebody's chest, you can't release that patient after only four days, when he or she still has chest tubes. That's ridiculous."

"Poor quality at a low cost is not the answer," he continued. "You can't get around the quality issue. What we have to do is have the highest quality at a low cost."

Although opinion varies on when and if quality and cost considerations will conflict in organ transplants, the experts generally agree that only the programs with the highest quality and the most patients will survive.

"Are all the transplant programs going to survive? No, they can't on the volume," Costello said. "It is a very competitive market." ■



A TOUGH DEFENSE BEGINS

WITH A DECISION TO BE TOUGH.

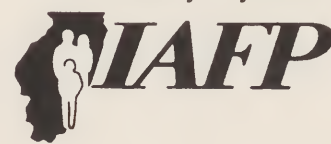
A PICOM policy comes with something you won't find on most other medical malpractice policies – a “consent to settle” provision without penalties. With it, your defense begins in your office, not in court. You have the deciding voice in determining whether to settle your case or not. You work with people who specialize in professional liability defense. And claims without merit are vigorously defended. ■ Add this tough defense to our innovative products, 15 years of stability, and service, and you'll see why PICOM is a leading liability insurer for health care professionals. ■ To find out more, contact Associated Physicians Management Company at (800) 942-2742 or (708) 368-2000.

TOUGH DEFENSE. THE POWER BEHIND PICOM.

Endorsed by the:
Illinois Academy of
Family Physicians



ADMINISTERED BY
ASSOCIATED PHYSICIANS
MANAGEMENT COMPANY
715 ENTERPRISE DRIVE
OAK BROOK, ILLINOIS 60521-1974
TELEPHONE: 708 368-2000 TOLL FREE: 800 942-2742
FAX: 708 368-3700



“When I was handed a **summons**, I went numb. Without ISMIE concentrating on my case, I would have had a hard time **concentrating** on my patients.”



Anger. Helplessness. Self-doubt. Considering the emotional upheaval a malpractice action creates, it helps to have an insurer that puts physicians' needs first. That insurer is the Illinois State Medical Inter-Insurance Exchange. We assign a team of experts to every case, including claims analysts, physician specialists and the best medical malpractice defense attorneys in the state. Whether your claim goes to trial or is settled, your team is there to support you with an aggressive strategy to achieve the best possible outcome. So take care of your patients. And let ISMIE take care of you. Call 1-800-782-4767 for a free ISMIE Resource Guide.

Illinois State Medical Inter-Insurance Exchange™
ISMIE
The Physician-First Service Insurer